

Highly Confidential - Todd Cameron

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THE STATE OF MONTANA
OFFICE OF THE ATTORNEY GENERAL
OFFICE OF CONSUMER PROTECTION

- - -

SEPTEMBER 26, 2018

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Oral testimony of TODD CAMERON, taken
pursuant to notice, was held at the law offices of
Baker & Hostetler, LLP, 250 South Civic Center Drive,
Suite 1200, Columbus, Ohio 43215, commencing at 10:23
a.m., on the above date, before Carol A. Kirk, a
Registered Merit Reporter.

- - -

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1 DEPOSITION OF TODD CAMERON

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21

22

23

24 DEPOSITION OF TODD CAMERON

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1 P R O C E E D I N G S

2 - - -

3 MS. SINGER: This is Linda Singer
4 for the Montana Attorney General's
5 Office.

6 MS. DEYNEKA: And Natalie Deyneka,
7 also with MotleyRice and Linda Singer.

8 MS. SINGER: And on the phone,
9 Kelly Hubbard from the Montana Attorney
10 General's Office.

11 MS. ANDERSON: I'm Kaitlyn
12 Anderson, in-house counsel for Cardinal
13 Health.

14 MS. WICHT: Jennifer Wicht from
15 Williams & Connolly for Cardinal Health.

16 MR. TULLY: Josh Tully from
17 Williams & Connolly, also for Cardinal
18 Health.

19 THE WITNESS: Todd Cameron of
20 Cardinal Health, the anti-diversion
21 group.

22 - - -

23 TODD CAMERON

24 being by me first duly sworn, as hereinafter certified,

1 testifies and says as follows:

2 EXAMINATION

3 BY MS. SINGER:

4 Q. All right. So as we're getting
5 started, I just want to give you some
6 suggestions, ground rules, whatever you want to
7 call them. Take as much time as you need to
8 answer questions; standing, sitting, however you
9 want to do them.

10 If you don't understand a
11 question, please ask me to rephrase it or ask me
12 to explain what I mean. You were sworn in at
13 the start of this testimony. I take it you
14 understand that you are testifying under oath
15 subject to a subpoena for testimony by the
16 Montana Attorney General's Office?

17 A. Yes.

18 Q. And you understand that a court
19 reporter is going to be transcribing your
20 testimony.

21 A. Yes.

22 Q. Is there any reason you can't
23 testify truthfully today?

24 A. No.

1 Q. Have you ever testified in
2 connection with Cardinal's anti-diversion
3 program?

4 A. No.

5 Q. And how much time did you spend
6 preparing for this deposition -- this testimony?
7 We'll call it testimony. That's what it is
8 under Montana law. How much time?

9 A. This deposition specifically?

10 Q. Yes.

11 A. Several hours.

12 Q. Okay. And other than your counsel
13 at Cardinal and at Williams & Connolly, is there
14 anyone else you consulted with in preparation
15 for today's testimony?

16 A. Counsel at BakerHostetler.

17 Q. Okay. Any non-lawyers?

18 A. No.

19 Q. And were there any documents that
20 you reviewed?

21 A. Yes.

22 Q. And what documents did you review?

23 MS. WICHT: Linda, I'll -- I think
24 that we've generally been doing this. I

1 object on the basis of privilege to just
2 the question asking him to identify all
3 documents. So I will instruct him not
4 to answer that one.

5 To the extent there are individual
6 documents that you show him and you want
7 to ask if he reviewed that in prep, I
8 would allow him to answer that.

9 MS. SINGER: Okay.

10 BY MS. SINGER:

11 Q. Are there any documents that you
12 reviewed on your own initiative that weren't
13 shown to you by counsel?

14 A. No.

15 Q. Okay. And did you review the
16 subpoena that was issued by the Attorney
17 General's Office in advance of coming today?

18 A. No.

19 Q. Okay. Do you know the topics or
20 subjects that were identified on that subpoena?

21 A. No.

22 MS. SINGER: So this is going to
23 be Exhibit 1.

24 - - -

1 (Montana-Cardinal Exhibit 1 marked.)

2 - - -

3 A. Should I read this?

4 Q. Yes. If you could take a look --

5 focus on the list of topics or subject areas.

6 That's at page III. It's III, "Subject Matters

7 for Testimony." If you could just skim through

8 those, please.

9 MS. WICHT: You can go ahead and

10 read that. While he's reading that,

11 Linda, my understanding of the

12 discussions that we had leading up to

13 this deposition are that -- and what

14 we're prepared to do today -- is that

15 Mr. Cameron is here in his individual

16 capacity, not as sort of a corporate

17 representative of Cardinal Health.

18 So I think -- and we'll see once

19 he reviews -- but I think he's -- in his

20 personal knowledge would cover many of

21 these. But we didn't prepare him as a

22 corporate witness. And he's not being

23 offered in that capacity today.

24 MS. SINGER: Yes. That is

1 understood.

2 MS. WICHT: Okay.

3 BY MS. SINGER:

4 Q. Mr. Cameron, have you had a chance
5 to look at the list of subjects?

6 A. Yes.

7 Q. All right. Are you familiar with
8 all of those subject areas in your work at
9 Cardinal?

10 A. I am familiar with the areas, yes.

11 Q. Okay. When did you start working
12 at Cardinal?

13 A. August of 1993.

14 Q. Was it your first job?

15 A. It was.

16 Q. And in what capacity did you start
17 with the company?

18 A. I was involved in the IT
19 department around data elements of the
20 distribution side of the company.

21 Q. And was that on the compliance or
22 marketing side of Cardinal Health?

23 A. Marketing.

24 Q. And can you take us through your

1 positions at Cardinal Health.

2 A. I can try. I was in --

3 Q. If you can't, I can't.

4 A. Right. Yeah.

5 I was in the -- and the reason I
6 hesitate is when I started, the company was very
7 small. And we didn't have the specific
8 department structure silos that we have today.
9 It was really kind of a group of -- it was very
10 small. It was about 70 people when I started.

11 But I was in the marketing
12 department as far as customer data elements that
13 were used on the distribution side of the
14 business, and moved into an IT role that was
15 focused around customer IT solutions from an
16 inventory management standpoint side.

17 And then moved into what at the
18 time was referred to as sales administration.
19 Then went back into another IT role. Then went
20 into a consumer health role, which was all the
21 front-end nonprescription products that Cardinal
22 carries.

23 Then went back into a sales
24 operations role. And then went from there into

1 the anti-diversion team. And each of those
2 steps had two or three jobs within those
3 movements.

4 Q. Okay. And so what is your current
5 title at Cardinal?

6 A. I believe it is -- and I say that
7 because I'm not sure what the actual HR roadmap
8 title is. But I believe it is SVP of supply
9 chain integrity.

10 Q. All right. Do we need to check
11 your business card?

12 A. Yeah, I don't have one with me.
13 But I think that's what it says.

14 Q. So this is not the part of the
15 testimony where you're supposed to get squishy?

16 A. Well, I haven't stood up yet. So
17 I'm still sitting down.

18 Q. Okay. And so in your current
19 position, whatever it is, at Cardinal Health,
20 you're responsible for anti-diversion
21 compliance; is that correct?

22 A. Correct.

23 Q. And when did you first move into a
24 role related to anti-diversion compliance?

1 A. Late 2012.

2 Q. And what were the circumstances of
3 that transition?

4 A. I moved in I believe it was
5 September of '12. I was asked to take a lateral
6 move into that role from my current position at
7 the time to help the company continue to evolve
8 its anti-diversion program focused on data and
9 analytics.

10 Q. And did you succeed somebody in
11 that position?

12 A. I did.

13 Q. And who was that?

14 A. Michael Mone.

15 Q. And to the extent you know, why
16 was he moved from that position?

17 A. I don't know. I know that Michael
18 is still here in a similar level capacity today
19 doing things with the Boards of Pharmacy.

20 Q. And do you know why you were
21 chosen for the position?

22 A. I was under the impression that
23 they wanted somebody that was good with numbers
24 and could understand customer data and help

1 determine what objective components would make
2 sense to evaluate customers.

3 Q. Okay. And is that the same
4 position that you're still in now?

5 A. Basically, yes.

6 Q. Okay. And how many people report
7 to you?

8 A. About 35.

9 Q. And what job functions do they
10 have? What kind of people are we talking about?

11 A. As far as the roles?

12 Q. Yes.

13 A. Everything related around to
14 anti-diversion, knowing our customers, setting
15 thresholds, doing visits.

16 MS. SINGER: And let me just pause
17 for a second.

18 Kelly Hubbard, can you hear us
19 okay?

20 MS. HUBBARD: Yes, I can. Thank
21 you.

22 BY MS. SINGER:

23 Q. Before you took this new position
24 or at any point, I take it you don't have any

1 background in law enforcement or compliance?

2 A. I do not.

3 Q. And what awareness did you have

4 of --

5 A. I have a criminal justice degree,
6 but that probably doesn't count.

7 Q. As long as you don't have other
8 criminal justice experience, that's a positive.

9 What was your awareness of opioid
10 diversion and abuse at the time you moved into
11 your current position?

12 A. At the time of the move, it was, I
13 would say, probably equal to other Cardinal
14 employees that were not part of the
15 anti-diversion group.

16 Q. So specifically what were your
17 impressions about issues around opioid diversion
18 at that time?

19 A. I knew that we obviously
20 distributed controlled substances. I knew that
21 we distributed C-IIs, that we had a vault that
22 those were kept in that had specific ordering
23 requirements from customers. We had certain
24 recordkeeping requirements.

1 And I knew that we supplied C-III
2 through Vs that were kept in a cage that had
3 different but still restrictions around them
4 from a customer ordering and recordkeeping
5 standpoint. And that was pretty much it.

6 Q. And when you talk about C-II and
7 C-III through C-V, those are the schedules of
8 controlled substances --

9 A. Yes.

10 Q. -- according to the DEA?

11 A. Correct. Yes.

12 Q. And did you have any awareness of
13 outside of Cardinal what was going on with
14 opioid abuse and diversion in the larger
15 society?

16 A. No. Not from a prescription
17 standpoint. Obviously I knew of heroin and
18 cocaine and drugs like that.

19 Q. And what marching orders were you
20 given when you came into the position?

21 A. I was instructed to continue to
22 evolve and build out the objective data driven
23 system and to help educate the business and the
24 sales forces on the components of the program

1 and to be able to help evaluate customers.

2 Q. And was there a specific
3 deficiency or gap that you were brought in to
4 help fill?

5 A. Not that I was aware of, no.

6 Q. And in your position, both from
7 the get-go until now, who are the people you
8 work with most closely?

9 A. I mean, I work obviously with my
10 team very closely. Every day I work with the
11 business side of the company, those that are
12 interacting more directly with the customers. I
13 work a lot with the legal teams around all the
14 pieces that we're putting together and rolling
15 out.

16 Q. So who are the three to five
17 people that you interact most closely with?

18 A. Oh, gosh.

19 Q. We won't tell them.

20 A. Yeah. I don't know if I could
21 come up with only -- on a weekly basis, it's
22 probably 50 people that I interact with.

23 Q. Okay. And do you have a deputy, a
24 number two?

1 A. I have a next level down of direct
2 reports, but I've got more than one.

3 Q. How many?

4 A. Four.

5 Q. Okay. And who are they?

6 A. Kimberly Soisson, Patrick Dudley,
7 Rich Ryu, R-y-u, and Danielle Roberts.

8 Q. And who is your counterpart on the
9 sales side of Cardinal?

10 A. I don't believe that I have one.

11 Q. Okay. So since you started in
12 your SVP role in compliance, what has been your
13 role in developing and implementing Cardinal's
14 suspicious order monitoring program?

15 A. Can I go back one question?

16 Q. Yes.

17 A. So from a counterpoint standpoint
18 when I said I didn't have one, there are SVPs on
19 the sales side, but they're broken up by
20 specific classes of customer trade.

21 Q. Okay.

22 A. So I don't have a one to one, but
23 there are four or five other SVPs that handle
24 the business side of things that I interact

1 with.

2 Q. Okay. Thank you for clarifying
3 that.

4 A. And I apologize. Can you ask the
5 question again?

6 Q. Yes. So since you took your
7 position as SVP on the compliance side in 2012,
8 what has been your role in developing and
9 implementing Cardinal's suspicious order
10 monitoring program?

11 A. I came in in September of '12, and
12 the foundational work of a lot of the components
13 that were going to be used to evaluate customers
14 had already been identified. And I've been
15 involved in constantly enhancing the use of
16 those. As obviously numbers continue to change,
17 areas of diversion change. So I've been
18 involved in continuing to evolve the core
19 components of the program that were in place
20 when I got there to where we are today.

21 Q. And that program, when did the
22 building out of that start?

23 A. I don't know. It was in place --
24 it had been going on when I arrived in September

1 of '12.

2 Q. Okay. And when you got started in
3 your position, what kind of work did you do to
4 familiarize yourself with the elements of the
5 program?

6 A. I spent a lot of time with the
7 leadership of the groups that touched the area
8 that I was involved in and then all the
9 individuals that had been doing a lot of work
10 prior to my arrival.

11 Q. And is that the same group that's
12 in those roles today, or was it a different
13 circle of people?

14 A. It was a slightly different circle
15 of people.

16 Q. So who else was in that mix?

17 A. Bob Giacalone, Gilberto Quintero,
18 Linden Barber, Nick Rausch.

19 Those are the names.

20 Q. And are those individuals still in
21 compliance functions at Cardinal?

22 A. One has left compliance and moved
23 into the business side, and one has retired.

24 Q. Which ones?

1 A. Bob has retired, Bob Giacalone has
2 retired, and Nick Rausch has moved into the
3 business.

4 Q. And the other two are still in
5 compliance at Cardinal Health?

6 A. Yes. Now -- I'm sorry. When I
7 say that, Linden was actually outside counsel at
8 the time and did not become in-house until about
9 a year ago. But I worked with him extensively.

10 Q. And over the period you've been in
11 this current role, have you ever received any
12 feedback from Cardinal that things weren't
13 moving quick enough, that you weren't doing
14 enough, any concerns expressed to you either
15 about the program or your performance?

16 A. No.

17 Q. Any concerns about the design of
18 the compliance program, the pieces of it, as you
19 talked about it?

20 A. No.

21 Q. Okay. And what about the
22 implementation of the compliance program, any
23 concerns expressed about that?

24 A. No concerns on any of the three

1 you just asked. Just obviously constant
2 discussion, awareness, making sure that all the
3 bases were covered.

4 Q. Okay. Who do you report up to in
5 having those conversations?

6 A. I report to Craig Morford.

7 Q. Whose position is?

8 A. I believe he is chief legal and
9 compliance officer.

10 Q. Have you made any recommendations
11 to Cardinal about its compliance efforts that
12 haven't been adopted?

13 A. No.

14 Q. Any places that, as you sit here
15 now, you think Cardinal could be working more
16 effectively to prevent diversion?

17 A. No.

18 Q. Any improvements that are on your
19 wish list of things to get done in the year or
20 years ahead?

21 A. Again, we are constantly evolving
22 and improving the system. And we literally on a
23 weekly basis will be evaluating threshold
24 setting, threshold methodology, threshold

1 events, to determine if we are setting the dials
2 correctly. But I don't have a specific thing
3 that has to happen.

4 Q. Okay. So you are satisfied that
5 there aren't currently any shortcomings in
6 Cardinal's compliance efforts or anti-diversion
7 efforts that need to be addressed?

8 A. From Cardinal's distribution
9 position that we sit in in the supply chain, no.

10 Q. And when you qualify that
11 response, what are you excluding?

12 A. I mean it would be great if there
13 was something we could do to decrease the
14 overprescribing of opioids. That would
15 obviously help a ton.

16 Q. Okay. Do you participate in your
17 current role at Cardinal in any trade
18 associations related to distribution or
19 compliance?

20 A. Does HDA qualify as one?

21 Q. In my book, yes.

22 A. Then, yes, HDA.

23 Q. And HDA is?

24 A. I'm not sure -- they've changed

1 their name recently. I'm not sure what HDA
2 stands for.

3 Q. Okay. Does it sound like the
4 Healthcare Distribution Alliance?

5 A. I think so, yes. There used to be
6 an M in there maybe.

7 Q. Used to.

8 A. Yeah.

9 Q. They rebranded.

10 A. Yes.

11 Q. What is your role on Cardinal's
12 behalf in the HDA?

13 A. Representing Cardinal on the calls
14 that take place with HDA and other distributors
15 around DEA compliance, anti-diversion issues,
16 new regulations that could be coming out from
17 either the federal government or specific state
18 governments.

19 Q. Are there other people from
20 Cardinal who participate in those calls?

21 A. There are.

22 Q. Who else?

23 A. I don't know everybody. I know a
24 lot of the regulatory lawyers are involved in

1 those calls. Gary Cacciatore, Martha Russell,
2 to name two of the attorneys that I think were
3 usually on those calls.

4 Q. And how often do those calls
5 happen?

6 A. I don't know that there's a
7 specific cadence. I would say it probably feels
8 like maybe monthly.

9 Q. And do you have an official role
10 in HDA? Do you serve on a board or a committee?

11 A. No.

12 Q. And, to your knowledge, does
13 anybody from Cardinal serve on the HDA's board
14 or committee?

15 A. I don't know. If they would, I
16 wouldn't know it.

17 Q. Okay. Are there any other
18 industry associations or organizations with
19 which you are involved?

20 A. No.

21 Q. Any associations that
22 manufacturers of opioids also participate in?

23 A. That I'm involved?

24 Q. Yes.

1 A. No.

2 Q. From your involvement in HDA
3 calls, is that only distributors of prescription
4 and other healthcare products or manufacturers
5 as well?

6 A. I believe on the calls that I'm
7 on, I think it's only distributors. But I know
8 there are a lot of other HDA calls that
9 different groups are involved in that I'm not
10 on.

11 Q. Okay. And the calls you
12 participate in, is there a particular subject
13 area or group that they fall within?

14 A. Usually related around controlled
15 substances. And, again, a lot of it's been
16 around potential new regulations coming out from
17 specific state Boards of Pharmacy lately.

18 Q. Okay. And I take it there are
19 e-mails that flow from HDA to you and other
20 members of that group about those topics?

21 A. I'm sure there are.

22 Q. Okay. Do you recall specifically?

23 A. I do not.

24 Q. And you mentioned that those calls

1 have been about regulatory developments.

2 A. Yes.

3 Q. Have there been discussions in
4 particular about DEA guidance and authority and
5 enforcement?

6 A. The two subjects that I think have
7 been the most common lately that I can
8 specifically recall are Ohio is putting out a
9 new regulation around controlled substance
10 distributions, the things that distributors are
11 required to do from a due diligence standpoint.
12 And New York has put out or is putting out an
13 opioid tax. Those have been -- probably the
14 last 15 calls I've been on have been about one
15 of those two subjects.

16 Q. Okay. And over the course of your
17 tenure, going back farther than the last couple
18 of weeks or months, are there other topics you
19 recall discussing?

20 A. No.

21 Q. Have there been any issues that
22 have come up relating to the State of Montana?

23 A. No, not that I can recall.

24 Q. Have you all discussed any issues

1 relating to Congressional oversight or inquiries
2 related to the distribution of opioids?

3 A. Not any calls I've been on.

4 Q. Any discussion of litigation over
5 the distribution of opioids?

6 A. Not on any calls I've been on.

7 Q. Or state enforcement activity?

8 A. Other than the potential reg
9 changes, no.

10 Q. And have you personally
11 participated in any meetings with the DEA about
12 Cardinal's compliance?

13 A. Yes.

14 Q. And how often and when? Can you
15 give us some details on that?

16 A. I've been to DEA headquarters
17 three times since I've been in the role.

18 Q. So this is going to be a piece of
19 cake compared to that.

20 A. Yes. They wouldn't let me stand
21 up either.

22 I think I was there twice in 2015,
23 or maybe once in '15 and once in '16. I can't
24 remember the exact time frame. And then I was

1 there again in the last six months.

2 Q. And what were the specific issues
3 that were discussed during those meetings with
4 the DEA?

5 A. We wanted to show our
6 anti-diversion program to DEA, make them aware
7 of kind of how we were doing the things that we
8 were doing, and talk to them about understanding
9 the suspicious orders that would be coming from
10 us. And then have conversations about trying to
11 have collaborative discussions to help both of
12 us in controlling diversion.

13 Q. And who did you meet with at DEA?

14 A. So the first two times Lou Milione
15 was the acting deputy administrator, I believe
16 was the title, and then probably ten people on
17 his staff. I can't remember all the specifics.
18 I remember Lee Reeves was in one of those
19 meetings.

20 And then this last time was with
21 probably about eight individuals from DEA. I'm
22 not sure exactly what level everyone was. But
23 Tom Prevoznik was the one -- was kind of, I
24 think, the ranking member of the room.

1 Q. Okay. And so when you say you
2 talked generally about your program and
3 suspicious orders DEA would be seeing, what
4 issues were you specifically lifting up for DEA?

5 A. I wanted DEA to understand the
6 filters that we used to evaluate customers, and
7 to get some of their feedback on those filters.
8 And then, again, to explain how we were using
9 thresholds to control the controlled substance
10 distributions that we were making to customers
11 that would lead to suspicious orders.

12 Q. When you say "filters," what do
13 you mean by that?

14 A. All of the objective criteria that
15 we use to evaluate a customer's business model,
16 the contextual size of the pharmacy, the
17 controlled substance ratios, potential mixes
18 within specific controlled substances from a
19 strength standpoint. Those types of things.

20 Q. And was there any specific event
21 or initiative that sparked any or all of those
22 meetings?

23 A. No.

24 Q. And other than those three

1 meetings, had you previously had any meetings
2 with the DEA?

3 A. No.

4 Q. And did you give any kind of
5 materials or presentation to DEA?

6 A. We presented each time to DEA, but
7 didn't leave anything.

8 Q. Okay. PowerPoint, I assume?

9 A. Yes.

10 Q. Okay. And who else was with you
11 from Cardinal?

12 A. The first time I went was Craig
13 Morford and Bob Giacalone. The second time I
14 went was Bob Giacalone and Al Santos who had
15 just retired from DEA. And then this last time
16 I went, it was just me and Linden Barber.

17 Q. And during each of those meetings,
18 did you get any feedback from DEA about what you
19 all were doing?

20 A. We did.

21 Q. And what was that feedback?

22 A. A lot of acknowledgment of
23 understanding now kind of how we set thresholds
24 and the effects that that then has on the number

1 of suspicious orders that we report to DEA. And
2 obviously DEA is not going to give you the Good
3 Housekeeping seal of approval, but they told us
4 that we were looking at all the right components
5 and looking at them in the right manner to run
6 an anti-diversion program.

7 Q. And when you talk about the
8 thresholds you were using to generate suspicious
9 orders --

10 A. Yes.

11 Q. -- again, what you were you trying
12 to clue DEA into?

13 A. So we -- one of the core
14 principles of our program is that we are going
15 to use thresholds to ensure that the controlled
16 substance distributions we make to customers
17 make sense. And that can be very tricky when
18 you have pharmacies that buy from three, four,
19 or five different wholesalers.

20 So we are focused on the slice, if
21 you will, of a business that comes to us from a
22 pharmacy, that we're going to ensure that that
23 specific slice looks within a normal range.

24 So you could have a pharmacy

1 that's very large and all in. They look normal.
2 And their ratios make sense. The volumes make
3 sense for the contextual size of the pharmacy.
4 But for whatever reason, they only want to give
5 you 20 percent of their total control and
6 non-control volume. We're going to make sure
7 that that 20 percent slice looks normal. Even
8 though in the total contextual size of the
9 customer, they could be fine, but you could be
10 getting a disproportionate share of controls
11 from one wholesaler. We are going to force that
12 volume to look normal based on how we set
13 thresholds, which can lead to a lot more
14 threshold events.

15 We wanted DEA to kind of get some
16 visuals of how we do that so they would
17 understand why we were reporting the number of
18 suspicious orders and the levels of pill volume
19 that was triggering suspicious orders for
20 potential customers.

21 Q. And were there any specific types
22 of customers or regions on drugs on which you
23 were focused with DEA, or was this an overall
24 presentation?

1 A. The focus from a drug standpoint
2 was oxycodone and hydrocodone. And we talked
3 about other drugs as well. But obviously those
4 are two of the main drugs that are abused today.
5 So we spent a lot of time on those drugs. But
6 there was no specific regionality to it. We
7 were looking at the entire country as a whole.

8 Q. And you said a couple of minutes
9 ago that DEA doesn't give a Good Housekeeping
10 seal of approval.

11 A. Yes.

12 Q. Is it true that DEA also
13 specifically says, "It's your job to design and
14 operate an effective program"?

15 A. That's what the reg says, yes.

16 Q. Okay. And that's what DEA, I
17 assume, also reiterates to you in these
18 meetings?

19 A. Yeah. Yes.

20 Q. Have you ever done any meetings
21 with members of Congress on Cardinal's behalf?

22 A. No.

23 Q. Any other regulators?

24 A. I've met with the Ohio Board of

1 Pharmacy. I'm trying to think -- I've met with
2 several DEA field offices. I think that's it.

3 Q. Okay. Do you know if you've ever
4 met with the DEA field office that covers the
5 State of Montana?

6 A. I don't know what office that
7 would be. I know I met with the DEA office that
8 is in Houston.

9 Q. What about Denver?

10 A. I didn't go to Denver. Houston.
11 And then I met with the office that is in
12 Louisiana. I think the office is actually
13 Mississippi, but they cover Louisiana. Those
14 are the two that come to mind.

15 Q. Okay. And in terms of the overall
16 focus of Cardinal's compliance efforts, you
17 mentioned that the DEA meetings focused on
18 oxycodone and hydrocodone. Is it those two
19 drugs that you and Cardinal have been focused on
20 or drug families?

21 A. No. There are over 100 DEA base
22 codes or drug families that we monitor. We've
23 got thresholds for every single one of those for
24 every customer that we have.

1 Q. In terms of the bulk of your
2 efforts, though, what drugs are you really
3 spending time worrying about and addressing?

4 A. We're focused on literally all 100
5 of the drug families from a methodology
6 standpoint. But the majority of our threshold
7 events are for either oxycodone or hydrocodone.

8 Q. Okay. And when you're talking
9 with your team as you've mentioned about
10 compliance, how much of your attention is on
11 opioids as opposed to other problem areas?

12 A. The majority.

13 Q. All right. So now in applying
14 your thresholds and evaluating and identifying
15 suspicious orders --

16 A. Yes.

17 Q. -- Cardinal relies on the order
18 data you have for your customers; is that
19 correct?

20 A. That is one component of it, yes.

21 Q. Okay. What are the other data
22 sources that you look at?

23 A. We have incorporated data from the
24 DEA that has been published. We've incorporated

1 data from the CDC, data from IMS, and data from
2 Symphony Health.

3 Q. What was the last one?

4 A. Symphony Health.

5 Q. Okay.

6 A. It used to be called Wolters
7 Kluwer, if that rings any bells.

8 Q. And I'm going to regret asking you
9 this question, but let's break those down.

10 So the data you get from ARCOS I
11 assume is the public reports that they do?

12 A. So the DEA publishes things
13 like -- and I'll butcher the name. But
14 dangerous drugs and something report that is
15 probably created from the ARCOS data. But it's
16 more aggregate level data across regions around
17 total opioid volumes and the -- I can't think
18 the word. For the manufacturers to -- the quota
19 data.

20 Q. And so when you talk about
21 Cardinal's 20 percent, for instance, with a
22 customer, the DEA's data gives you the whole
23 picture of all distributors?

24 A. Not at a customer level. Just

1 across broad geographies, yes.

2 Q. All right. So that's the DEA
3 data.

4 A. Yes.

5 Q. And then I think the next thing
6 you mentioned was CDC. What dataset is that?

7 A. So there's a lot of CDC reports
8 that we've used that look at prescribing, the
9 rate of prescribing, for example, for opioids;
10 is that going up? Is that going down? Average
11 pills per prescription. Those types of things.

12 Q. And when you look at the CDC data,
13 are you looking at data on overdoses and
14 hospitalization or any of the other kind of
15 wonder data?

16 A. We're focused on understanding
17 what the prescribing volumes are of those opioid
18 prescriptions. And, again, kind of pills per
19 script.

20 Q. Okay. So does that mean you're
21 not looking at hospitalization and overdose
22 data?

23 A. When you look at a lot of those
24 things, it includes opiates. So it's got

1 heroin. It's got the illicit street fentanyl
2 drug, which obviously we don't distribute.

3 So it has a lot of those things
4 factored in. And you can't tell necessarily how
5 much were driven from which. So there's not a
6 lot of value to us in that.

7 But, again, we're setting
8 thresholds at the customer level. So there's no
9 way to determine which customer from what
10 pharmacy might have gone to a specific hospital
11 obviously.

12 Q. Okay. So your -- just because I
13 want to get us to an answer on this --

14 A. Yes.

15 Q. -- understanding the reasons --

16 A. Yes.

17 Q. -- Cardinal is not looking at
18 overdose or hospitalization data to help you
19 focus on particular regions of the country or
20 drug sources, for instance?

21 A. No. We're focused on aggregate
22 level dispense data from other sources that we
23 could tie back to actual prescription
24 medications that are filled at pharmacies.

1 Q. And are you saying, Mr. Cameron,
2 that that data on hospitalizations and overdoses
3 doesn't serve a useful role for your compliance
4 program?

5 A. Yeah. I'm not sure how we would
6 be able to take hospitalization data that,
7 again, would include things like heroin and
8 figure out how to tie that back to a specific
9 pharmacy's level of prescriptions that they
10 filled. So I'm not sure how we would use that.

11 Q. Okay. So you wouldn't use it, for
12 instance, to see that there has been a spike of
13 overdoses in a particular state and know that
14 you want to look more closely at those
15 customers, for instance?

16 A. We look at all 40,000 customers
17 that we distribute to regardless of what
18 overdose rates look like.

19 Q. Okay. So that was CDC data.
20 I think the next you mentioned was
21 IMS data.

22 A. Yes.

23 Q. And what data do you get from IMS?

24 A. Again, there are a lot of

1 published IMS sources that look at prescribing
2 rates, pills per prescription, the morphine
3 milligram equivalences, grams across those
4 medications. So IMS gives us very good high
5 level industry data of what the trends are from
6 a prescribing standpoint.

7 Q. Okay. So what the volume of
8 prescriptions are --

9 A. Yes.

10 Q. -- what the nature of
11 prescriptions are?

12 A. Exactly.

13 Q. Okay. And that's proprietary data
14 that Cardinal purchases, correct?

15 A. No. It's -- well, I don't know
16 the answer. I know it comes from IMS. I'm not
17 sure -- there are a lot of groups within
18 Cardinal that work directly with IMS. It's not
19 just anti-diversion stuff. So I'm not sure if
20 it was stuff that was purchased or if it was
21 stuff that was published publicly by IMS or not.

22 Q. Okay. And are there particular
23 datasets from IMS that you use most heavily?

24 A. No. I mean, I think they're very

[illegible]

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24 Q. And so that's by pharmacy without

1 Q. You can.

2 A. We also do have --

3 Q. That's actually the joy of being
4 in your position. You can always --

5 A. Well, I feel bad for her.

6 We also do have certain customers
7 that sign what we call a data feed. It allows
8 us to see at the pharmacy level their
9 adjudicated dispensing data.

10 Q. Their adjudicated? What does that
11 mean?

12 A. It means it's the data that runs
13 through the switch for third-party
14 reimbursement. So it does not include cash. So
15 it's not a complete picture. In some cases, it
16 could be 100 percent. In some cases, it could
17 be 50 percent. So it really varies by customer.

18 Q. Okay.

19 A. We also have that.

20 [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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6

Q. Okay. And when we talk about

7

these data sources, by the way, these are the

8

same data sources that you've had available to

9

you for your tenure in this position?

10

A. We started purchasing the Symphony

11

data in 2013.

12

Q. Okay.

13

A. But everything else, yes.

14

Q. Okay. Now, I have to remember.

15

Yes.

16

So Cardinal's order data includes

17

controlled and non-controlled substances that

18

you sell to your customers, correct?

19

A. Yes.

20

Q. And that's different than what you

21

report to the DEA in ARCOS, which is only

22

controlled substances?

23

A. Yes.

24

Q. Okay.

6 Q. But you don't report to DEA any
7 non-controlled substances?

A horizontal bar chart titled 'U.S. should take action to reduce greenhouse gas emissions' showing the percentage of respondents who believe the U.S. should take action to reduce greenhouse gas emissions. The chart is broken down by age group (18-29, 30-49, 50-69, 70+) and gender (Male, Female). The y-axis lists the demographic groups, and the x-axis shows the percentage from 0 to 100. The bars are color-coded: blue for Male and orange for Female. The data is as follows:

Demographic Group	Male (%)	Female (%)
18-29	88	85
30-49	85	82
50-69	78	75
70+	65	62
Male	75	72
Female	78	75
White	72	69
Black	82	79
Hispanic	75	72
Asian	85	82
Native American	78	75
U.S. born	82	79
Foreign born	75	72
Married	72	69
Single	85	82
Divorced	78	75
Widowed	65	62
High school or less	75	72
Some college	82	79
Bachelor's or higher	85	82

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[REDACTED]

18 Q. How many orders of opioids does
19 Cardinal process in a year?

20 A. I don't know the answer to that.
21 I'm not sure how many actual orders.

22 Q. What volume of opioids, then, do
23 you distribute in a year?

24 A. Off the top of my head, I couldn't

1 tell you what that number is.

2 Q. Has that number -- all of the --
3 we've covered a lot of this, so let me just
4 catch up.

5 Does any of the data sources that
6 Cardinal purchases allow you to get a sense of
7 your market share?

8 A. Yes.

9 Q. And what data is that?

10 A. The Symphony Health data does.
11 The IMS data might also.

[REDACTED]

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[REDACTED]

19 Q. Unless you're wrong? Yes or no?

20 A. I'm not sure what you mean by
21 "wrong."

22 Q. Well, it seems to me, as somebody
23 who's a lawyer and not a data person or an IT
24 person, that one check on whether the thresholds

1 have correctly calibrated the volume would be
2 whether they add up to the sum that doesn't make
3 sense --

4 A. Right.

5 Q. -- for the individual factors?

6 A. And if every pharmacy makes sense,
7 then what you described can't happen.

8 Q. Unless it happens?

9 A. Well, it can't happen. That's not
10 how thresholds work.

■ ■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

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█ [REDACTED]

█ [REDACTED]

9 Q. Okay. That was very inarticulate,
10 but I think we understand each other.

11 A. Yes.

12 Q. We talked about --

13 MS. WICHT: I only was taking a
14 breath to say we -- Todd, we've been
15 going for about an hour, and I just want
16 to check in. If you're doing okay --

17 THE WITNESS: I'm okay.

18 MS. WICHT: -- it's fine to keep
19 going. Okay.

20 BY MS. SINGER:

21 Q. We talked about the prescription
22 data that Cardinal gets from IMS and Symphony.

23 Cardinal has a joint venture
24 called ArcLight. Are you familiar with that?

1 A. I know ArcLight was a company
2 that -- I think ArcLight has been out of
3 business for like ten years.

4 Q. Okay. Okay. And so while -- and
5 that would have preceded your tenure?

6 A. Yes. I don't know that it's been
7 ten years, but I don't -- I think it's been
8 quite a while that ArcLight has been formed.

9 Q. So it's not in business now?

10 A. Not that I'm aware of, no.

11 Q. Okay. And there's no data that
12 comes from this entity in the period that it was
13 in operation that you all used for compliance
14 functions?

15 A. No.

16 Q. Okay. What about -- what are
17 Medicine Shoppe and Medicap Pharmacy. Are you
18 familiar with those?

19 A. I am.

20 Q. And what are they?

21 A. They are -- it is a franchise of
22 pharmacies that kind of operates as a co-op
23 across a common branding theme for the
24 pharmacies.

1 Q. So it's like a marketing
2 assistance program --

3 A. Yes.

4 Q. -- that Cardinal provides to
5 certain pharmacies?

6 A. Yeah. It's a franchise.

7 Q. Got it.

8 A. Yes.

9 Q. And Cardinal owns this?

10 A. I'm not sure what capacity. But,
11 yes, we've got some -- something to do with the
12 Medicine Shoppe franchise.

13 Q. Okay. And do you distribute
14 opioids to these pharmacies, too?

15 A. To some of them. They don't have
16 to buy from us.

17 Q. And do you get their dispensing
18 data?

19 A. If they are customers that are
20 part of that batch I talked about earlier that
21 have signed up, then yes.

22 Q. Okay. But that's not all of them?
23 It's not a condition of their franchise?

24 A. No. They're not required to buy

1 from us either.

2 Q. Okay. And Kenray, are you
3 familiar with that?

4 A. I am.

5 Q. And what is Kenray?

6 A. Kenray is a former regional
7 distributor in New York that Cardinal acquired
8 in the 2010, 2011, '12 time frame.

9 Q. Okay. And so that just became
10 part of Cardinal's operations?

11 A. Exactly.

12 Q. Did you acquire its data and order
13 history, too?

14 A. Yes.

15 Q. And do you use that for compliance
16 purposes?

17 A. We have owned them since I've been
18 in the role the entire time. So they all would
19 have been part of the normal Cardinal data when
20 I came on board.

21 Q. Now, the data that you get from
22 IMS on prescribing and from Symphony and the
23 data feed --

24 A. Yes.

1 Q. -- I think those are the three
2 sources that give you prescription data and
3 dispensing data; is that right?

4 A. Yeah. I wouldn't say IMS. IMS is
5 more aggregate level overall industry numbers.
6 But the other two get down to more granular.

7 Q. Okay. Are there any other data
8 sources that give you the more granular
9 prescribing and dispensing data?

10 A. No.

11 Q. Okay. And do you use that data --
12 forgive me if we've gone over this.

13 Do you use that data in your
14 granular compliance efforts? Is that
15 integrated?

16 A. Yes.

17 Q. Okay. And in what system does all
18 of this data live?

19 A. A lot of them -- we've got
20 multiple IT systems that talk to each other that
21 some data -- partial is housed here, and other
22 pieces housed here, and we've got to pull it
23 together into a different system to use it, that
24 type of thing.

1 Q. Okay. And what is the master
2 system?

3 A. There isn't one master system.
4 They're all different individual standalone
5 systems with multiple purposes, and some
6 purposes overlap and some don't.

7 Q. But from a compliance perspective,
8 you have access to all of that data
9 collectively?

10 A. Yes.

[REDACTED]

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4 Q. Okay. So beyond the data sources
5 that we've spent all of this time painfully
6 talking about, Cardinal has non-quantitative
7 sources of information too, right, meaning you
8 have PBCs or pharmacy consultants who are going
9 out into the pharmacies?

10 A. Yes.

11 Q. And how many sales representatives
12 does Cardinal have?

13 A. Across all classes of drugs,
14 probably 500.

15 Q. How often is a typical pharmacy
16 visited by a Cardinal sales rep?

17 A. It depends on the overall size of
18 the pharmacy and the class of trade, but monthly
19 would be common.

20 Q. And for a large customer, more
21 frequent than monthly?

22 A. Could be.

23 Q. And does Cardinal set any goals
24 for how many pharmacies its sales reps need to

1 visit in a particular period?

2 A. I believe it does. I'm not
3 involved in that process, but I know there's
4 some type of -- all the territories are
5 different sizes. So it's not a flat number.
6 There's a bunch of factors that go into it.

7 Q. Okay. And how many -- and the

█ [REDACTED]

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5 Q. Okay. And in terms of your
6 contract and relationship with manufacturers, in
7 the opioid space, who are your principal
8 suppliers?

9 A. As far as the manufacturers?

10 Q. Yes.

11 A. Oh, it's literally 80 of them.

12 Q. And there are none that stand out
13 above the others?

14 A. No.

15 Q. Okay. And explain how chargeback
16 data gives manufacturers a window -- explain
17 what it is granularly.

18 A. So this is a -- I'm not the expert
19 in this area. So I don't know if you really
20 want me to answer this question. But
21 chargebacks at the manufacturer level get
22 submitted based off of the price the wholesaler
23 pays for the product versus what the customer
24 paid for the product.

1 And if the wholesaler has to --
2 because of a contractual obligation with a
3 customer directly with the manufacturer, if the
4 wholesaler has to sell that product below the
5 wholesaler's contract cost, the manufacturer
6 makes the wholesaler whole. In order to do
7 that, that data has to go to the manufacturer.
8 They can then see how much volume went to which
9 customer from every wholesaler.

10 Q. And who is the expert on
11 chargeback data at Cardinal?

12 A. I don't know. Somebody in
13 purchasing.

14 Q. Okay. Now, we know that
15 Mallinckrodt has sent letters to distributors
16 saying "We want you to look at the following
17 customers" or -- you're raising your eyebrows.
18 So tell me why that is.

19 A. Mallinckrodt doesn't send us
20 letters that say that.

21 Q. Okay. Are you familiar with a
22 letter that Mallinckrodt sent that was filed in
23 Cardinal Health versus Holder?

24 A. I am not.

1 Q. Okay.

2 - - -

3 (Montana-Cardinal Exhibit 2 marked.)

4 - - -

5 Q. So looking at Exhibit 2 --

6 A. Yes.

7 Q. -- beyond the exhibit cover page,
8 is that letter familiar to you?

9 A. No.

10 Q. Okay.

11 A. You got the Karen Harper name
12 right there.

13 Q. Bonus points for that.

14 A. Thank you.

15 Q. So you've never seen a letter like
16 this from Mallinckrodt?

17 A. I'm sorry. Okay. Yes, I have.
18 So that's why I raised my eyebrows. So this is
19 the Mallinckrodt chargeback cutoff letter is
20 what this is.

21 When you asked, you said asking
22 about a customer. So we get these -- they're
23 not asking anything of us. They are telling us
24 that they are no longer going to honor

1 chargebacks for this specific customer or
2 customers.

3 Q. Okay.

4 A. They're not asking anything of us.

5 Q. I'm sorry?

6 A. They're not asking anything of us.

7 Q. Okay. And they notify you of that
8 because it means you're no longer guaranteed --

9 A. Yes.

10 Q. -- from a pricing perspective?

11 A. Exactly.

12 Q. Okay. And what do you do from a
13 compliance perspective when you get a letter
14 like that?

■ ■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]

■ ■ [REDACTED]

19 Q. And do you recall getting other
20 letters like that from Mallinckrodt?

21 A. Absolutely.

22 Q. And from other manufacturers as
23 well?

24 A. I don't recall receiving them from

1 any other manufacturer, but definitely from
2 Mallinckrodt.

3 Q. Okay. And the reason Mallinckrodt
4 would cut off a customer from chargebacks is
5 there's something that has made them suspect
6 that customer is engaged in diversion?

7 MS. WICHT: If you know what
8 Mallinckrodt was thinking.

9 A. Yeah. They don't say that in the
10 letter. It just says they will no longer honor
11 chargebacks. Again, knowing they can see all of
12 their volume from all sources to a pharmacy,
13 that's a logical assumption.

14 Q. Okay.

15 [REDACTED]
16 [REDACTED]
17 [REDACTED]

18 Q. What is the date on that letter?

19 A. Sometime in 2011, September of
20 '11, the year before I left.

21 Q. Okay. And during your tenure, you
22 don't recall similar letters like that from
23 other manufacturers?

24 A. It doesn't mean that I did not

1 receive them. I just know that they don't come
2 with the frequency that Mallinckrodt's do.

3 Q. Okay. And if they did come in,
4 would you be aware of them?

5 A. Yes.

6 Q. Where are those letters? I know
7 that there is a standard operating procedure
8 that refers to these letters. Where are those
9 saved within Cardinal's system?

10 A. That's a good question. Because
11 Mallinckrodt is nice enough to send this to a
12 ton of people, and they BCC everybody. So I
13 don't know who all it goes to. But then I will
14 have ten different people in the purchasing that
15 receive this and forward it to me. So any time
16 a letter comes out, I usually get about 20
17 copies of it.

18 Q. And then what do you do -- where
19 does it get stored?

20 A. We keep a file of -- a record of
21 the Mallinckrodt letters of the customers.
22 Because, again, there's no information on here
23 that's specific to the customer other than the
24 fact they've been put on the list. Mallinckrodt

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5 MS. WICHT: Okay.

Page 100

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

4 Q. And now Cardinal has marketing
5 agreements with various manufacturers. Is that
6 something that you're aware of?

7 A. No.

8 Q. Do you get any data from marketing
9 efforts that Cardinal undertakes with
10 manufacturers for your compliance efforts?

11 A. Can you be more specific?

12 Q. So is there any data you get from
13 various marketing programs that Cardinal is
14 running that you use in evaluating a customer or
15 otherwise looking at diversion?

16 A. Give an example of what that type
17 of data would be.

18 Q. So Cardinal runs copayment
19 programs --

20 A. Oh, gotcha.

21 Q. -- or adherence programs.

22 A. Yes. No, there would be no data
23 that would come out from that.

24 Q. Okay. Have you ever asked about

1 getting access to that data?

2 A. I'm not sure what -- I follow what
3 data that would be.

4 Q. I mean, presumably that -- I'm on
5 the outside here. There are customer lists and
6 initiative -- things that Cardinal gets and then
7 is in touch with either patients or pharmacies,
8 right? Does that data ever get filtered back to
9 you?

10 A. Like distribution data?

11 Q. I mean, again --

12 A. I'm not sure what the data would
13 be that would be the output of that.

14 Q. So you would be in the best
15 position to know --

16 A. I don't think there is any data
17 that would be driven off of that. I don't
18 think. And if there is, I haven't seen it.

19 Q. Okay. Almost done with this
20 section.

21 Is there any source of data or
22 information that you use in your compliance
23 efforts that we haven't talked about?

24 A. [REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

10 Q. Okay. Have you ever used an
11 outside vendor to assess whether there's other
12 data that Cardinal could be mining in its
13 compliance efforts?

14 A. A vendor? No.

15 Q. Any kind of consultant?

16 A. Not that I'm aware of.

17 Q. Okay. Have you ever worked with
18 anybody outside of Cardinal to advise you on how
19 to use the data you have more effectively for
20 compliance?

21 A. Yes.

22 Q. And who's that?

23 A. Linden Barber.

24 Q. Before he was with you?

1 A. Yes. He was outside.

2 Q. Okay. And in what entity was he?

3 A. He was, I believe, outside

4 counsel.

5 Q. Okay. All right. And have there

6 been any proposals you've received for other

7 data sources or other ways of using data you've

8 rejected?

9 A. Not that I'm aware of.

10 Q. Okay. And any data which you've

11 had that Cardinal has said, "Nah, too expensive"

12 or "We don't need it"?

13 A. I wish they could push down the

14 overprescribing. That would help.

■ ■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED] ■

■ ■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]

21 Q. Have you ever talked about data

22 sources on any of these HDA calls or

23 conferences?

24 A. Not on the calls that I've been

1 on, no.

2 Q. Or with HDA generally?

3 A. No. And, again, I don't speak to
4 HDA a ton. Again, there are so many different
5 Cardinal groups that interact with HDA. I'm
6 only a small portion of it.

7 MS. SINGER: Okay. We can take a
8 break now.

9 THE WITNESS: Thank you.

10 (Recess taken.)

11 BY MS. SINGER:

12 Q. All right. So, Mr. Cameron, you
13 remain under oath.

14 A. Yes.

15 Q. Okay. SOP is Cardinal terminology
16 for?

17 A. Standard operating procedure.

18 Q. So, as I understand it, an SOP is
19 what lays out the procedure across the country
20 on a particular process or topic; is that right?

21 A. Yes.

22 Q. And it's how Cardinal communicates
23 a policy or a procedure across the organization
24 or across a division; is that correct?

1 A. Yes.

2 Q. Okay. So if an employee wanted to
3 figure out what to do on a particular issue,
4 they would go to the SOP, and it would tell them
5 how to handle it?

6 A. Yes.

7 Q. And you train your employees on
8 relevant SOPs; is that correct?

9 A. We do.

10 Q. And then SOPs are updated and
11 replaced and reviewed periodically. Is that
12 true as well?

13 A. Yes.

14 Q. Okay. And are employees who don't
15 follow SOPs, like, subject to discipline? Is
16 this an important expectation?

17 A. Yes.

18 Q. In 2006 Cardinal and other
19 distributors received a letter from the Office
20 of Diversion Control about suspicious order
21 monitoring and anti-diversion efforts signed by
22 Joe Rannazzisi. I assume you know what I'm
23 referring to?

24 A. I do.

1 Q. And so -- I know this was before
2 you were in your current position. But do you
3 know what Cardinal's response to that first 2006
4 letter was?

5 A. As far as a response to DEA?

6 Q. And let me clarify. I don't mean
7 if you sent a responsive letter. But what did
8 Cardinal do or change in response to that letter
9 as a result of that letter or following on that
10 letter?

11 A. At that point in time, I was not
12 involved in the area in 2006 when the letters
13 were received. So I'm not sure what changes
14 would have taken place at that specific point in
15 time.

16 Q. And when you moved into your
17 position and acclimated yourself within the job,
18 is that not something you came across?

19 A. I know that a lot of the changes
20 that had been made prior to my arrival had
21 connectivity back to those letters.

22 Q. And how do you know that?

23 A. Because we talked about a lot of
24 the components within the letters.

1 Q. And who is "we"? The people you
2 consulted?

3 A. Yeah, exactly.

4 Q. Okay. And so what did they say
5 that connected those dots for you?

6 MS. WICHT: I will just give you a
7 caution here, because I think, as I
8 understand it, that at least some of
9 those conversations would have been with
10 lawyers.

11 To the extent that you were
12 getting -- that Cardinal was getting
13 legal advice from lawyers on that, you
14 shouldn't reveal that.

15 If there are things that you know
16 were done or discussed that weren't from
17 lawyers, then you're free to reveal
18 that.

19 A. I know that there are multiple
20 letters. So I'm not sure which letter
21 sequentially included which. But I know there
22 are components in the letter that talk about
23 some of the objective pieces that we use to
24 evaluate customers.

1 Q. Okay. Meaning that Cardinal took
2 queues from those letters and made changes in
3 its SOPs or policies after those letters?

4 A. I don't know if they took the
5 queues from the letters or if those were things
6 that they looked at prior to the letters,
7 because I came so much later than letters. I
8 just know that some of the things in the letters
9 are components of the program.

10 Q. Okay. Have you seen a report that
11 was done to Cardinal's board in 2013 in
12 connection with a shareholder lawsuit against
13 the company?

14 A. Yes.

15 Q. Okay. And is it accurate,
16 consistent with that report, that prior to 2008
17 Cardinal did not have an electronic system for
18 detecting and reporting suspicious orders?

19 A. I'm not sure.

20 Q. Okay. Have you seen any evidence
21 that Cardinal did have such a system?

22 A. I've not seen any components of
23 the program back at that point in time.

24 Q. And do you -- Cardinal started

1 using thresholds in 2008; is that right?

2 A. I'm not sure.

3 Q. And do you know how Cardinal
4 reported suspicious orders or identified them
5 prior to 2008?

6 A. I do not.

7 Q. Are you familiar with excessive
8 purchase reports?

9 A. I'm familiar with the concept.

10 Q. Okay. What is it?

11 A. There was a reporting mechanism
12 that wholesalers were required to run I think at
13 the end of every month that was an algorithm
14 that came from DEA that identified shipments
15 that DEA wanted information on about customers.

16 Q. Okay. So, as you understand it,
17 an excessive purchase report was run on
18 customers that DEA identified with an algorithm
19 they used, or were they customers identified
20 through DEA's algorithm?

21 A. DEA made the algorithm. And then
22 the wholesaler ran the algorithm, and whatever
23 customers came out of being identified from the
24 algorithm, that information went to DEA.

1 Q. Okay.

2 A. That's my understanding.

3 Q. Okay. And was there any
4 suspicious order monitoring system, to your
5 knowledge, apart from the excessive purchase
6 reports?

7 A. I don't know.

8 Q. Did Cardinal have any procedure in
9 place not to ship orders identified in those
10 excessive purchase reports, to your knowledge?

11 A. Again, I've got a very limited
12 knowledge of what those reports were. But my
13 understanding is the wholesaler was supposed to
14 run them on distributions that were made.

15 Q. Meaning that since they were
16 already made, there could be no stopped
17 shipment?

18 A. That's my understanding.

19 Q. Okay. Now, as you understand it,
20 reporting a suspicious order is not the full
21 scope of Cardinal's duty under the Controlled
22 Substances Act or implementing regulations?

23 A. Ask me that again. Sorry.

24 Q. Cardinal has to do more to comply

1 with the law than just report a suspicious
2 order?

3 A. Yes.

4 Q. Is that correct?

5 A. I believe so.

6 Q. Okay. Do you have any hesitance
7 about that?

8 A. I was only hesitating just from
9 the standpoint of when you started to ask, I was
10 thinking about the reg itself around designing
11 and operating the system to identify suspicious
12 orders, and I was thinking about the specific
13 reg. That's why I was hesitating.

14 Q. Okay. So it is a duty -- and
15 correct me if I'm misstating this -- to detect,
16 report, and prevent suspicious orders? Is that
17 a correct statement as you understand it? Or
18 put it in your own words.

19 A. The reg specifically says that the
20 wholesaler -- that the registrant shall design
21 and operate a system to identify orders of
22 varying frequency, size, and pattern.

23 Q. And report them promptly, report
24 them immediately to DEA?

1 A. I don't think the reg says that.

2 That's why I was hesitating. We do, but that's
3 what I thought.

4 Q. Okay. And Cardinal has
5 responsibility under the law to design and
6 operate a system that places effective controls
7 to prevent diversion?

8 A. Yes.

9 Q. Okay. And that is in addition to
10 suspicious order reporting, correct?

11 A. I believe so.

12 Q. Okay. So just having suspicious
13 order reports doesn't fully discharge your duty?

14 A. Yes. I'm not sure about the word
15 "duty" in all that, but yes.

16 Q. Okay. Do you know if there was an
17 SOP for stopping shipping of suspicious orders
18 prior to 2008?

19 A. I do not know.

20 Q. When are you aware that Cardinal
21 first had a procedure in place to stop shipping
22 suspicious orders?

23 A. I do not know the specific date,
24 but I know that it was well before my arrival.

1 Q. Who was responsible for
2 anti-diversion compliance from 2006 forward?

3 You mentioned your predecessor. Was there
4 anybody else who had held that role?

5 A. I'm not sure. I don't know.

6 Q. Okay. So the name you gave
7 before, I think, was Mr. Mone?

8 A. Yes.

9 Q. And is there anybody else you're
10 familiar with who had a senior role in
11 compliance before that?

12 A. I'm not, but it doesn't mean that
13 person didn't exist. I just had no dealings
14 with that area.

15 Q. Are you familiar with the outside
16 vendor -- I'm sure I'm going to butcher the
17 name. So you know where I'm going. Cegedim
18 Dendrite.

19 A. Yes.

20 Q. Did I say it right?

21 A. I don't know how to say it right
22 either, so yes. That was good.

23 Q. So for us, that's what it's going
24 to be.

1 A. I just call them Cegedim.

2 Q. Or we can go with Dendrite. How's
3 that?

4 A. There you go. That's even easier.

5 Q. So what was their role in the
6 suspicious order monitoring system at Cardinal?

7 A. So I apologize. I don't -- there
8 has been a lot of movement in the industry from
9 a company standpoint. So I'm not sure if
10 Cegedim is part of other companies or spun off
11 or got absorbed. A lot of that part of the
12 industry has moved around a lot. But they, I
13 know, were used at one point in time to do site
14 visits.

15 Q. Okay. And are you familiar with a
16 role they played in developing the threshold
17 system at Cardinal?

18 A. I am not.

19 Q. Okay. You've never seen any
20 documents related to their work?

21 A. Other than visits, no.

22 - - -

23 (Montana-Cardinal Exhibit 3 marked.)

24 - - -

1 Q. All right. Mr. Cameron, showing
2 you Exhibit 3, which is SOP -- the SOP on -- why
3 don't you read the title.

4 A. "Process to Establish SOM
5 Threshold Limits."

6 Q. Okay. Are you familiar with that
7 SOP? Whenever you're ready.

8 A. I am not.

9 Q. Either that iteration or any of
10 the later forms of it?

11 A. Definitely not this iteration.

12 Q. Okay. Have you seen it in
13 subsequent forms?

14 A. There are SOPs today around seven
15 thresholds.

16 Q. Okay. And it seems like that this
17 is a new -- that this is not a document or a
18 version of a document you're terribly familiar
19 with; is that right?

20 A. Correct.

21 Q. And how is that?

22 A. How is that the case --

23 Q. Yes.

24 A. -- or how am I not familiar with

1 it?

2 Q. So is it that SOPs, like our
3 personnel manual at my law firm, sit on the
4 shelf, or is it because -- I mean, tell me how
5 that is.

6 A. I know the SOPs are updated
7 periodically and reviewed periodically. When I
8 look at, for example, 0001169, I'm not sure what
9 all that stuff is. As I read that, I'm assuming
10 that's got something to do with the DEA
11 algorithm from the previous stuff you were
12 asking about earlier.

13 Q. Okay.

14 A. That's my assumption.

15 Q. Okay. But the later version of
16 this that's current is not something that sits
17 on your desk and you refer to when you have a
18 question? It doesn't sound that way.

19 A. It would depend on what was being
20 discussed, the situation. We use our working
21 guidelines much more.

22 Q. And what are the working
23 guidelines?

24 A. I would describe them as more

1 action oriented details around what's in the
2 SOPs.

3 Q. So it's a level of detail beyond
4 an SOP that are more day-to-day practical?

5 A. Yes.

6 Q. Okay. Do you know where the idea
7 of using thresholds for suspicious order
8 monitoring came from?

9 A. I do not.

10 Q. Mystery.

11 A. They were there when I got there.

12 Q. Okay. And you never asked anybody
13 why; why does our system turn on this?

14 A. Why does our system do what?

15 Q. Turn on thresholds. Why are they
16 such a central part of Cardinal's compliance
17 system? Why do we use thresholds?

18 A. Oh, I understood that it was to
19 limit the volume of controlled substances that
20 were distributed.

21 Q. Okay. And do you know why the
22 thresholds were the mechanism for doing that?

23 A. I don't know that I ever thought
24 about it.

1 Q. Okay. When you first joined the
2 compliance side of Cardinal, how many people
3 were on the staff there?

4 A. I'm not sure.

5 Q. Can you give a rough estimate?
6 Was it 20, 100, 200?

7 A. For all of compliance?

8 Q. Yes.

9 A. Hundreds.

10 Q. Below 500?

11 A. I don't know.

12 Q. And how is it -- what is the size
13 of compliance now?

14 A. Hundreds.

15 Q. Larger or smaller than it was when
16 you first started?

17 A. I would say larger.

18 Q. Significantly larger?

19 A. I don't see all the areas of
20 compliance because I'm not involved in them. So
21 I don't know how much larger it's grown.

22 Q. Okay. So what is your area of
23 compliance?

24 A. The anti-diversion controlled

1 substance monitoring program.

2 Q. Okay. And is that a division
3 within the compliance department?

4 A. Yes.

5 Q. Okay. And how many people were in
6 that division when you joined it?

7 A. I don't know the exact number, but
8 it's -- we are definitely bigger today than we
9 were when I started.

10 Q. Okay. And so it's some subset of
11 the hundreds. I mean, again, are we talking
12 dozens? Are we talking --

13 A. As far as the increase?

14 Q. How many people were there in 2012
15 when you -- well, yeah.

16 A. Maybe -- I've never thought about
17 it, so I'm sorry.

18 Q. It's okay. I would say you're not
19 a numbers person, but you're clearly a numbers
20 person.

21 A. But I just -- the bodies, I hadn't
22 thought about what it was then versus what it is
23 now. Because, again, when I came in, they had
24 already started to make changes to the program.

1 So a lot of the pieces were moving when I got
2 there. I don't know the exact numbers, what
3 they were back then.

4 Q. Okay. And so you don't know the
5 head count now either?

6 A. I don't. I guess -- can you ask
7 me exactly what area you're asking me about?

8 Q. So I'm asking the anti-diversion
9 effort that you are responsible for.

10 A. My area specifically?

11 Q. Yes.

12 A. Okay. And what's the question?

13 Q. How many people work in it?

14 A. About 35.

15 Q. Okay. And their responsibilities
16 are to run what areas of the anti-diversion
17 effort?

18 A. The controlled substance
19 monitoring.

20 Q. Okay. And so that's data
21 analytics --

22 A. Yes.

23 Q. -- and investigations?

24 A. Yes.

1 Q. What other functions?

2 A. Know Your Customer.

3 Q. Okay. Anything else?

4 A. Those are the three main
5 components.

6 Q. And how is your staff divided up
7 among those three?

8 A. You want actual numbers?

9 Q. Just roughly. You know, most
10 people are in investigations or --

11 A. It's pretty equally spread across
12 the segments.

13 Q. Okay. And do all of the
14 investigators who go out and do site
15 inspections, for instance, work in your unit?

16 A. Yes.

17 Q. And all of the data analytics on
18 the compliance side as opposed to the sales or
19 marketing side?

20 A. Yes.

■ ■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]

■ ■ [REDACTED]

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[REDACTED]

20 A. One of the things that we learned
21 from Linden when he came on is that --
22 MS. WICHT: Linden is a lawyer,
23 and I can't -- I can't tell whether what
24 you're about to convey is something

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1 that's legal advice from Linden or not.

2 THE WITNESS: I might be. It
3 probably is.

4 MS. WICHT: So you can't reveal
5 legal advice that came from Linden.

6 BY MS. SINGER:

7 Q. It's overbroad, but -- without
8 talking about the source of knowledge, what I'm

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ █ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED] [REDACTED]

█ [REDACTED]

█ █ [REDACTED] [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED] [REDACTED]

█ [REDACTED]

█ [REDACTED] [REDACTED]

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21 Q. All right. Looking at Exhibit 4,
22 HDMA, then "Industry Compliance Guidelines,
23 Reporting Suspicious Orders and Preventing
24 Diversion of Controlled Substances."

1 Have you seen this guide before?

2 A. I'm not sure if I've seen it in
3 this exact format or not.

4 Q. All right. Are you familiar with
5 the substance of these guidelines?

6 A. I know that our regulatory legal
7 team is constantly reviewing these types of
8 things and coming to us around the program.

9 Q. To ask for your feedback?

10 A. It would depend on the subject.
11 It could be to ask for feedback. It could be to
12 give us information of things that are changing.

13 Q. Okay. All right. If you turn to
14 page 8. About halfway down the page,
15 "Distributors are also encouraged to consider
16 the following when developing thresholds ..."

17 A. Yes.

18 Q. If you look at the second bullet,
19 it encourages distributors "to ascertain changes
20 in diversion patterns or emerging local or
21 regional concerns. Such new information may be
22 used to adjust thresholds as appropriate."

23 Do you all do that? It doesn't
24 sound consistent with what you're describing.

1 MS. WICHT: Which set of bullets
2 are you in?

3 MS. SINGER: The second page under
4 "Distributors are also encouraged."

5 MS. WICHT: Oh, I see. And you
6 read the second part of it?

7 MS. SINGER: Yes.

8 MS. WICHT: Okay. Thank you.

9 BY MS. SINGER:

10 Q. That's just not guidance that
11 Cardinal follows; is that correct?

12 A. And which part -- the six-month's
13 sales history or reaching out to the DEA?

14 Q. The reaching out to DEA and
15 looking at regional variations.

■ ■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]

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[REDACTED]

21 Q. And you mentioned before that you
22 have a level more detailed than SOPs. I forget
23 what you called it.

24 A. Working guidelines.

1 Q. Okay. Do you have a working
2 guidance that lays this out?

3 A. It may not in the manner in which
4 you're asking the questions. But, yeah, all the
5 components are there.

6 Q. Okay. And which working guidance
7 is this?

8 A. I don't know. You asked questions
9 across a lot of them.

10 Q. Okay. Tell me which areas it
11 covers. So which guidances would we need to put
12 the pieces together here?

13 A. Probably all of them that you
14 have.

15 Q. And how many of them are there?

16 A. I don't know the exact number.

17 Q. Okay. Give me some of the subject
18 areas.

19 A. Threshold setting. That's
20 probably the big one.

21 Q. Okay. And what others?

22 A. I'd start with that one.

23 Q. Okay. And then what would I read
24 next if I was really curious?

1 A. I'm not sure. Whichever one you
2 wanted to.

3 Q. Is there one on customer segments?

4 A. As far as?

5 Q. I'm just -- you said this was in
6 multiple guidances. So I'm just trying to
7 figure out what other areas it would be in.

8 A. I'm not sure I follow the question
9 about customer segments.

10 Q. I'm just asking what other
11 guidances you have that lay out this process.

12 A. The working guidelines would be --
13 yeah.

14 Q. Okay. Are they organized by
15 subject area?

16 A. Yes.

17 Q. And what are the subjects beyond
18 thresholds?

19 A. I don't have all them in front of
20 me.

21 Q. Just name of the ones that come to
22 mind.

23 A. LV TAC.

24 Q. Okay. Anything else?

1 A. No.

2 Q. There was a period presumably when
3 Cardinal applied thresholds to all of its
4 customers presumably before your time in the
5 position; is that correct?

6 A. Yes.

7 Q. And when you were setting
8 thresholds initially, you looked at some
9 baseline data, right, to look at what was
10 average or normal --

11 A. Yes.

12 Q. -- correct?

13 And do you know what year was used
14 as that baseline?

15 A. For the initial process, no. As
16 far as when I was involved, that's where we
17 consulted with Linden who had just come from the
18 DEA.

19 Q. Okay. So that would have been in
20 2012?

21 A. That's when I got there. Linden
22 came before I did though.

23 Q. Okay. All right. And was there
24 ever a time -- and so now when you're bringing

2 average or normal, correct?

Age Group	Percentage
18-24	10%
25-34	15%
35-44	20%
45-54	25%
55-64	30%
65-74	35%
75-84	40%
85+	45%

10 of 10

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

13 A. They're not reports. They're
14 metrics.

15 Q. Okay. Whatever you had over
16 lunch ...

17 Okay. So we got to this from the
18 question of whether you ever add up
19 thresholds --

20 A. Yes.

21 Q. -- in a particular jurisdiction.

22 [REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

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1

2

MS. WICHT: Can we take a restroom

3

break when you're at an okay stopping

4

point?

5

MS. SINGER: Yes. You know what?

6

Why don't we go ahead and do it now.

7

(Recess taken.)

8

BY MS. SINGER:

9

Q. So, Mr. Cameron, you have Exhibit

10 5.

11

A. Yes.

12

MS. SINGER: Did we give it to

13

you, Jen?

14

MS. WICHT: I don't think so.

15

THE WITNESS: It's not the same as

16

3, right?

17

MS. DEYNEKA: I think it is.

18

MS. SINGER: Oh, I'm sorry.

19

BY MS. SINGER:

20

Q. So Exhibit 3, "Process to

21

Establish Suspicious Order Monitoring Threshold

22

Limits." Do you have that in front of you,

23

Mr. Cameron?

24

A. Yes.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

17 Q. Okay. And then -- all right.

18 Let's move to page 3, which is

19 Bates number 1169.

20 A. Yes.

21 Q. So at VI, it talks about

22 multiplying the monthly quantity of base code by

23 a factor --

24 A. Yes.

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1 Q. -- of 3, 5, or 8.

2 A. Yes.

3 Q. Can you explain where those
4 factors come from and what their significance
5 is?

6 A. I cannot. I've never seen this
7 before. Again, I don't know if that is the
8 DEA's algorithm that we talked about earlier or
9 not.

[REDACTED]

22 MS. WICHT: Maybe that's what you
23 were answering as to. Sorry. I didn't
24 mean to confuse -- okay.

1 A. Yeah. I've never seen the 3, 5,
2 or 8 before.

3 Q. Okay. And then going to the first
4 page, 1167 Bates number. Under 4.0 Policy, the
5 second and third lines have the sentence, "The
6 baseline purchase pattern is then adjusted up by
7 a statistically significant factor or variable
8 to formulate the threshold limit."

9 Have I read that correctly?

10 A. Yes.

■ ■ ■

☐ ☐ ☐

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7 - - -

9

14 A. Yes, yes.

16 MS. WICHT: I think, Linda -- I'm
17 not going to cut off questioning on this
18 document. I guess -- I think this is
19 obviously something that was produced in
20 the MDL. As I understand the MDL
21 protective order, I'm not sure it would
22 allow --

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1 MS. WICHT: The MDL protective
2 order?

3 MS. SINGER: Yep.

4 MS. WICHT: Okay. Thank you for
5 that information. And as I said, I will
6 let him answer questions on it, and
7 maybe that resolves it. I'll think
8 about it. But thank you.

9 MS. SINGER: Of course.

10 BY MS. SINGER:

11 Q. All right. So do you recognize
12 this as an e-mail to you?

13 A. From me?

14 Q. Oh, from you. Yes.

15 A. Yes.

16 Q. All right. And the subject reads
17 what?

■ ■ ■ ■ ■
■ ■ ■ ■ ■
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[illegible]

[illegible]

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22 Q. All right. Next is Number 6.

23 Okay. We're going to come back to that.

24 Do you know when Cardinal first

6 A. I do not know.

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1 Q. Are you aware when Cardinal put in
2 place its threshold system, there were a number
3 of customers that were kind of newly identified,
4 and Cardinal went through and sorted out who was
5 suspicious and who wasn't. Is that an event
6 that you're familiar with generally?

7 A. The concept makes sense to me.

8 Q. Okay. Do you know how many of
9 those customers that were identified through
10 that process were subsequently terminated?

11 A. I do not. I know there were
12 terminations prior to my arrival.

Response	Percentage
U.S. should take action	70%
U.S. should not take action	29%
Military action	70%
Economic sanctions	29%
No action	70%
Diplomatic action	29%

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1

2

Q. In December 2007 -- I know this

3

was before your time.

4

A. Yes.

5

Q. So if you're familiar with it.

6

Cardinal sent a letter to Linden Barber when he

7

was at DEA and said based on these new

8

thresholds, that you had terminated certain

9

customers with AHOP drugs, which you will know

10 what it stands for, right?

11

A. I do know what AHOP stands for.

12

Q. Okay. Which is what?

13

A. Alprazolam, hydrocodone,

14

oxycodone, and phentermine.

15

Q. That wasn't a test. I couldn't do

16

it.

17

A. That's what it is.

18

Q. Greater than 30 percent of total

19

purchases?

20

A. Right.

21

Q. So all of these customers --

22

A. So pulling the AHOP out threw me

23

off. This is a letter from who to who?

24

Q. From Cardinal to Linden Barber,

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[illegible]

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4 Q. And when you asked that question,
5 is that because you know of something before you
6 got involved or because you don't know what
7 happened before you were involved?

8 A. I don't know what happened before
9 I was involved.

10 Q. Okay. So, again, I know your
11 knowledge is really 2012 and later, but having
12 looked back at Cardinal's compliance and
13 anti-diversion program before you started, do
14 you think Cardinal was doing everything it
15 needed to to prevent diversion pre-2012?

16 A. I really have no clue what was or
17 wasn't being done.

18 Q. Okay. So I think his title is
19 chairman, George Barrett.

20 A. Yes.

21 Q. When he testified in Congress last
22 year or this year, whenever it was, he said that
23 Cardinal's compliance system is better now
24 because it's more objective.

2 Q. In what way has Cardinal's
3 compliance system become more objective?

[illegible]

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■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED] [REDACTED]

■ [REDACTED]

6 Q. Okay. So in this round of
7 Jeopardy, we're going to be turning to Montana
8 in particular.

9 A. It's not been Double Jeopardy yet?

10 Q. Right. This is the lightning
11 round.

12 Did you have a chance to look at
13 the suspicious order spreadsheet that Cardinal
14 provided to the State of Montana?

15 A. I'm not sure.

16 Q. Okay. I hope your vision is good.

17 A. It is up close.

18 - - -

19 (Montana-Cardinal Exhibit 6 marked.)

20 - - -

21 Q. So showing you Exhibit 6. So this
22 is -- you're welcome to borrow mine. This is a
23 report that was produced to the State of
24 Montana. It lists all of the suspicious order

1 reports that Cardinal filed with DEA for the
2 State of Montana from 2013 forward.

3 A. Okay.

4 Q. So we'll let you look at that for
5 a minute.

6 A. And all the pages are the same,
7 right; it's just more data?

8 Q. Right. So they're different
9 orders --

10 A. Yes.

11 Q. -- but in the same format.

12 A. The headers are all the same.

13 Q. Exactly.

14 A. Got it.

15 - - -

16 (Montana-Cardinal Exhibit 7 marked.)

17 - - -

18 Q. These were the two documents that
19 we obtained from Cardinal that list suspicious
20 order reports. So obviously Exhibit 7 that you
21 were given is text fields. Very hard to read.
22 But I wanted you to have the two reports that
23 were produced to us.

24 A. Yes.

1 Q. Okay. And I'm not going to ask
2 you specifics about individual orders.

3 A. Okay.

4 Q. I just wanted you to have the
5 spreadsheets in front of you.

6 So in Exhibit 6 with the
7 columns --

8 A. Yes.

9 Q. -- I think -- does it have a title
10 on it?

11 A. It does not.

12 Q. Okay.

13 A. I mean, the columns have headers,
14 but there's no title on the document.

15 Q. Okay. So do you recognize Exhibit
16 7, the text fields? Is that something you've
17 seen before? Can you parse what that is? It
18 was listed to us as "reported to DEA case."

19 A. The individual pieces on here are
20 obviously familiar to me, but the format of it
21 I'm not sure.

22 Q. Okay. We'll do our best muddling
23 through them.

24 So on the spreadsheet -- not the

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1

2

THE WITNESS: Speak?

3

4

MS. WICHT: I think so. But do
you have a concern about privilege? Is
that what you're --

5

6

THE WITNESS: Huh-uh.

7

MS. WICHT: Oh, yeah. Go ahead.

8

A. So my first question would be:

9

Are the start and end dates identical? That

10

would be my first question.

11

Q. So we do believe so, because they

12

were produced by you to us for the same period.

13

So let's assume that's the case. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

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1 And can you also explain -- I'm
2 not going to trouble you with the exhibit,
3 because it's just a lot more paper. But are
4 there instances where Cardinal would ship more
5 than a customer ordered?

6 A. No.

7 Q. Okay. We found 157 examples of
8 that.

9 A. And how are you seeing the order?

10 Q. Again, this was --

11 MS. SINGER: Do you have 1371?

12 MS. DEYNEKA: It's the
13 distribution of opioid medications to
14 Montana on a per order basis from 2006
15 to 2018.

16 MS. WICHT: That's what Exhibit 8
17 is -- or no. That's what you're
18 comparing.

19 A. So you're seeing an order for 100,
20 and you see a shipment of 110, for example.
21 Again, not being involved in how any of that was
22 created, my initial response to that would be I
23 don't know if maybe there was a backorder
24 situation where a product could have been on

1 backorder. And then the backorder order would
2 have been released that would not have been tied
3 to that individual order that came after the
4 fact. And you could have the backorder material
5 becomes part of the same order. That would be
6 my initial reaction. But, again ...

7 Q. Okay.

8 MS. SINGER: Why don't we do 1728.

9 Q. You think these are questions to
10 you. This is really a test for Natalie.

11 A. She's doing a good job.

12 - - -

13 (Montana-Cardinal Exhibit 9 marked.)

14 - - -

15 Q. So we understand Exhibit 9, which
16 is CAH_MTAG_1728, to represent -- to include at
17 the back 17 --

18 A. So wait. These are the working
19 instructions you had.

20 Q. I see you feel very vindicated by
21 that.

22 Let me ask you a general question.

■ [REDACTED]
■ [REDACTED]

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6 Q. Okay. Does Cardinal supply
7 physicians directly?

8 A. Not through its pharmaceutical
9 distribution business.

10 Q. Okay. Meaning Cardinal does, but
11 not within your purview?

12 A. Not within the pharmaceutical
13 distribution business. There's another business
14 that does that, but we do have thresholds in
15 place for those as well.

16 Q. And are you responsible for
17 anti-diversion efforts with respect to those
18 sales?

19 A. Yes.

20 Q. And was there a period when
21 Cardinal started looking at its supplies to
22 individual physicians?

23 A. I believe -- and this is before my
24 time -- that at one point in time, there was

4 A. It gets tricky because clinics,
5 physical clinics, use physician registrations
6 that it might look like it's a doctor himself,
7 but it's the doctor's DEA registration that the
8 clinic is registered under.

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Page 236

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[REDACTED]

19 - - -

20 (Montana-Cardinal Exhibit 11 marked.)

21 - - -

22 Q. All right. So you could take a
23 minute and look, but Exhibit 11 is an e-mail
24 from you Friday, January 11, 2008, correct?

1 A. Yes.

2 Q. So one thing that's curious about
3 this, is this is before you moved into
4 anti-diversion.

5 A. Correct.

6 Q. And so how -- you can read the
7 communication obviously before answering that.
8 But the first question will be: How were you
9 involved in this chain before you were involved
10 in compliance?

11 A. Okay.

12 Q. So how were you involved in this
13 chain from your previous role?

14 A. So in reading this e-mail, and not
15 remembering exactly the specifics of this, when
16 I was in the sales office and involved in
17 customer data, this team came to me and was
18 asking for me to produce data from a reporting
19 standpoint to give to them to allow them to
20 analyze the components that they were looking to
21 analyze as they were building out an IT solution
22 in the bigger picture.

23 Q. Okay. So in the e-mail at
24 CAH_MDL_PRIORPROD-DEA07_111090 --

1 A. Yes.

2 Q. We're actually going to do 92.

3 A. 92?

4 Q. Yes. So it talks about threshold
5 creepers.

6 A. Yes. Wait. Let me find it. Are
7 you on the top half or bottom half?

8 Q. It's right in the middle of the
9 page.

10 A. Okay.

11 Q. What is a threshold creeper, and
12 what has Cardinal done to deal with it?

13 And, you know, before you answer
14 that actually, so if you can read the second
15 paragraph of the e-mail from Michael Mone.

16 A. Same page?

17 Q. Yep. To Mark Hartman. It says --
18 it talks about "the potential for diversion
19 through a process of small adjustments --

20 A. Yes.

21 Q. -- that result in large changes
22 over time."

23 A. Yes. That's exactly what you just
24 asked me about.

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■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

4 BY MS. SINGER:

5 Q. Okay. We identified four pharmacy
6 customers in Montana, and we asked Cardinal to
7 produce all of the diligence files related to
8 those customers. We just want to show them to
9 you and make sure we have everything that would
10 go in a typical file. So this will be Exhibit
11 12.

12 - - -

13 (Montana-Cardinal Exhibit 12 marked.)

14 - - -

15 Q. All right. So this relates to --
16 MS. SINGER: Which pharmacy is
17 this?

18 MS. DEYNEKA: Plaza United.

19 BY MS. SINGER:

20 Q. This is the Plaza United Pharmacy,
21 which is where? I have an address but not a
22 city. So it is on 11th Avenue.

23 And if you could just take a
24 minute and look at this. These documents, first

1 of all, would have come from what system within
2 Cardinal?

3 A. So are you looking at 1798?

4 Q. Yes. So we're looking at just for
5 the record CAH_MTAG_1798.

6 A. So this appears to be what
7 probably was at that point in time the Know Your
8 Customer document. Now, I say that. This also
9 could have been a questionnaire that they could
10 have had the customer fill out if there was a
11 potential threshold event. It could be that as
12 well.

13 Q. Okay. And then we move to
14 CAH_MTAG_1805.

15 A. So this looks like the new -- this
16 is the actual new customer. This was probably
17 the threshold event questionnaire, and this
18 looks like the new customer.

19 Q. Meaning that this is the raw
20 questionnaire that then got entered into the
21 system producing 1798?

22 A. Yes. I'd look at 1805 as this was
23 the information that was gathered upon the
24 onboarding. And then this was information that

3 Q. Okay. All right. And then

4 CAH MTAG 1812?

8 Q. And so this is an e-mail --

10 Q. -- to Sherry Morse.

13 MS. WICHT: From Sherry Norris.

15 Thank you.

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[illegible]

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1 Q. Okay. And is there a point at
2 which the records get dicey?

3 A. I don't know if I'd call them
4 "dicey" or not. But, for example --

5 Q. That was my word.

6 A. For example, LV TAC was created
7 out of the MOA with the DEA. So there would be
8 no LV TAC review prior to May of '12, for
9 example.

10 Q. Okay. And why was LV TAC created?

11 A. I don't know -- I wasn't involved
12 in any of the negotiation components obviously
13 of the MOA. But it's my understanding that it
14 was to ensure that the larger volume customers
15 were reviewed by senior leadership.

16 Q. And is there a difference between
17 an LV TAC customer and, for instance, a national
18 chain?

19 A. No.

20 Q. They're going to pick up the same
21 universe of customers?

22 A. Yes. Absolutely. It's all volume
23 and ratio driven.

24 Q. Okay. So are you familiar with

1 the disk track held order report?

2 A. I'm not familiar with that
3 specific report, but I'm familiar with disk
4 track and held orders.

5 Q. Okay. And you can run a report, I
6 believe, that lets you see how many held orders
7 there are at any particular moment; is that
8 right?

9 A. Yes.

10 Q. And is that an archive so that you
11 can see every order that's been held for a
12 customer, for instance, even if it's since been
13 released?

14 A. I believe so.

15 Q. And is that in disk track or
16 someplace else?

17 A. I believe it's in disk track.

18 Q. Okay.

19 A. I think.

20 Q. And there's a customer profile for
21 every customer, correct?

22 A. And when you say "customer
23 profile," you mean --

24 Q. I think it's in Winwatcher, maybe?

1 A. Well, tell me what you mean when
2 you say "profile."

3 Q. What?

4 A. Tell me what you mean when you say
5 "profile."

6 Q. It's basic demographics of a
7 customer. It's what you would use to get the
8 key details.

9 A. In relation to anti-diversion?

10 Q. Yes.

11 A. That wouldn't necessarily -- so
12 Winwatcher is the sales force automation tool.
13 So it's not our tool that it does thousands of
14 things as far as managing the business. So
15 there would be profiles in there, but they
16 wouldn't necessarily be related directly to
17 anti-diversion.

18 Q. Okay. And are there
19 anti-diversion profiles? And where do those
20 live? In the ADC?

21 A. Very good. There are -- yes.
22 And, again, I was hesitant to say "profile,"
23 because this could be a profile, some review of
24 volumes.

1 Q. "This" being the customer
2 diligence file?

3 A. Yes. That's why I wasn't sure
4 what you meant when you said "profile."

5 Q. But ADC is the system where you
6 collect all of the relevant information about a
7 customer, or at least a thumbnail of them?

8 A. Yes, most of the information.

9 Q. Okay.

10 A. Yes.

11 Q. And ADC, explain how that came
12 into being.

13 A. It is the tool that is used to
14 manage threshold and threshold events. So you
15 made reference to disk track. Disk track is the
16 pick, pack, and ship system that the orders come
17 into. The thresholds live in disk track, but
18 ADC interacts with disk track that when the
19 threshold event happens in disk track, it tells
20 ADC, and you go into ADC and you work the
21 threshold event.

22 Q. Okay. And, again, ADC will keep
23 all of that historical information. So if there
24 was --

1 A. I don't believe that ADC would
2 keep all the held order historical information.
3 I assume it has a dropoff window. Because it
4 actually happened in disk track. It didn't
5 happen in ADC. ADC was what was used to read
6 the information out of the disk track. If that
7 makes any sense.

8 Q. Okay. And so IBM came in to
9 develop ADC for you, correct?

10 A. I don't know. It was developed
11 before I came into the role. So I'm not sure
12 who did it.

13 Q. And I want to make sure we cover
14 as a tangent. So of the outside vendors and
15 consultants you've worked with who have either
16 helped in developing or evaluating various
17 aspects of the anti-diversion program, who have
18 you worked with?

19 A. As far as technology vendors?

20 Q. Any kind programmatic vendor
21 related to the anti-diversion program.

22 A. I have not worked with any
23 technology vendors since I've been in the role.

24 Q. Okay. And how about

1 non-technology vendors?

2 A. He's not a vendor. But Linden
3 obviously was heavily involved in the creation
4 of the program. And then the only other vendors
5 that we would work with would be the third
6 parties that we used to do site visits.

7 Q. Okay. And that's Cegedim
8 Dendrite?

9 A. Yeah, it's not now. And, again, I
10 don't know if -- it's a new -- I can't keep the
11 name -- so it's Cegedim, but then I think they
12 got bought by IMS, and it's Avantha.

13 Q. And so you use them basically as
14 additional investigators to help do site visits.

15 How many investigators do you have
16 on your staff to do site visits?

17 A. Seven.

18 Q. And how many distinct pharmacy
19 customers does Cardinal have who order
20 controlled substances from you?

21 A. Any controlled substance in any
22 volume?

23 Q. Yes.

24 A. I would guess 25,000 to 30,000.

1 Q. And if we were to narrow that down
2 by customers who buy opioids, is that a smaller
3 group?

4 A. Yes.

5 Q. And how much smaller?

6 A. 20,000.

7 Q. Okay. And so how many additional
8 outside investigators do you use through
9 Cegegim?

10 A. I don't know the number of
11 investigators. We give them a pool of customers
12 to do the visits on. I don't know how many
13 investigators -- we pay a price per visit, not
14 per investigator. So I'm not sure how many
15 investigators they have.

16 Q. Okay. And how many site visits do
17 you do in a year?

18 A. Which type?

19 Q. Tell me by type.

■ ■ [REDACTED]

■ [REDACTED]

■ [REDACTED] [REDACTED]

■ [REDACTED] [REDACTED]

■ [REDACTED]

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18 Q. And sales reps who do these -- I
19 just want to step back on that for a minute. So
20 sales reps get a straight salary and a bonus?
21 A. Yes.
22 Q. And their bonus is not related to
23 volumes of controlled substances sold; is that
24 correct?

1 A. Correct.

2 Q. Is it volume related overall
3 either in terms of volume of sales or new
4 customers?

5 A. It is tied to overall volume, yes.

6 Q. Overall volume of purchases?

7 A. Yes.

8 Q. Including controlled substances?

9 A. Yes. Not pulled out separately
10 with a separate target number, but it is a
11 subset inherently in the distributions.

12 Q. And do sales reps have any metrics
13 they need to meet in terms of numbers of new
14 customers or volume of sales or increase in
15 sales?

16 A. I don't know the answer to that
17 other than I know it varies probably by
18 territory, but I don't know exactly.

19 Q. Okay. But without knowing the
20 number, there are metrics. There are subfloors
21 they have to meet?

22 A. I don't know if there's -- to your
23 point, I don't know if there's a new business
24 metrics, for example. Again, that's why I would

1 say it would vary by territory. If you have a
2 very saturated territory where you have every
3 customer, you wouldn't have -- do you know what
4 I mean?

5 Q. And are there any expectations on
6 the number of surveillance visits that your
7 sales reps are going to do?

8 A. There is.

9 Q. How much is that?

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■ [REDACTED]

■ [REDACTED]

■ [REDACTED] [REDACTED]

■ [REDACTED]

■ [REDACTED]

6 MS. SINGER: Okay. And I probably
7 have one more block to do. I realize
8 you all may want one more break before
9 we conclude for the day, so whenever you
10 want to do it.

11 MS. WICHT: Let's do it.

12 (Recess taken.)

13 MS. WICHT: So we have -- as we
14 discussed briefly off the record, have a
15 clarification from some testimony
16 earlier today that we'd like to offer.

17 So as we talked about, I'm going
18 to ask Mr. Cameron just one or two
19 questions just to introduce it and allow
20 him to make the clarification. And
21 then, of course, invite you to follow-up
22 on it as you deem appropriate
23 thereafter.

24 And it is -- I know this is

1 something that we consulted about over
2 the break. So this is a clarification
3 that's being made after Mr. Cameron had
4 a conversation with his counsel during
5 the break.

6 Okay. So, Todd --

7 THE WITNESS: Yes.

8 MS. WICHT: -- earlier this
9 morning we were talking about some
10 meetings -- three different meetings
11 that you've had with the DEA, remember?

12 THE WITNESS: Yes.

13 MS. WICHT: Okay. And the third
14 meeting in particular was one that
15 happened in 2018.

16 THE WITNESS: Yes.

17 MS. WICHT: And you had discussed
18 the fact that what you did at that
19 meeting was to present the program to
20 DEA and things of that nature, right?

21 THE WITNESS: Yes.

22 MS. WICHT: Okay. And I think
23 that Ms. Singer had asked a question
24 about whether there were -- what I wrote

1 down was something like a specific event
2 that had triggered the meeting.

3 THE WITNESS: Yes.

4 MS. WICHT: And I wanted to
5 clarify with you, for another person who
6 was participating in that meeting?

7 THE WITNESS: Yes.

8 MS. WICHT: Was there a specific
9 event that triggered the meeting?

10 THE WITNESS: Yes. So my
11 meeting -- my purpose of going to meet
12 with DEA was because previous leadership
13 had changed over. And the individuals
14 that were at the two previous meetings
15 were mostly gone from at least that
16 branch of the DEA.

17 So I had been instructed by my
18 boss to go and meet with the new
19 leadership and present the program to
20 them.

21 Linden came with me, because
22 Linden went to talk about suspicious
23 orders that we had identified internally
24 through our normal process that we had

1 canceled and not shipped, but the orders
2 through an IT glitch did not get
3 reported to DEA.

4 So Linden had gone to discuss with
5 DEA the orders that, again, had not
6 shipped but had not been reported and to
7 hear from DEA if DEA wanted those to be
8 submitted at the present time.

9 MS. SINGER: Okay. All right.

10 Well, thank you for clarifying that.

11 BY MS. SINGER:

12 Q. So that raises just two questions.
13 When had those orders not been reported? What
14 time period was this?

15 A. I believe it was 2012 through
16 2015.

17 Q. And how many orders does this
18 involve?

19 A. I don't know the exact number, but
20 it was around 14,000 and change.

21 Q. Separate orders?

22 A. Yes.

23 Q. And did they relate to particular
24 customers, or were they across the country?

1 A. They were across the country. But
2 the majority of them were related to the subbase
3 code concept that we had talked about earlier,
4 that when we had put that subbase code logic in
5 place, those orders were getting held. We were
6 canceling them based on customer review. But
7 they were not getting transmitted through the
8 normal transmittal process to DEA. But it was
9 coast to coast, top to bottom, no specific DC or
10 state. It was all across the board.

11 Q. And do you know how many of those
12 orders involved opioids?

13 A. I would assume the vast majority.

14 Q. And do you know what the volume of
15 opioids was that was --

16 A. For the orders?

17 Q. Mm-hmm.

18 A. I do not. I do not.

19 Q. And did the DEA take any action on
20 the basis of that disclosure?

21 A. No. I know that Linden had asked
22 them if they wanted us to submit them now. And
23 I know the DEA was going to get back to Linden.
24 I'm unaware of them getting back to him or not.

1 I don't think they have. But they would talk
2 directly to him.

3 Q. Are you aware of other instances
4 where there were similar technology issues that
5 related either to orders not being reported or
6 orders being shipped that should have been held?

7 A. I am not, no.

8 Q. Okay. And as a result of this
9 discovery --

10 A. Yes.

11 Q. -- what steps did Cardinal take to
12 understand the scope of it and to address it?

13 A. We had gone through an audit
14 process that had identified the need to ensure
15 that -- kind of some of your questions earlier
16 about ADC and disk track, that that linkage
17 existed.

18 So an audit process was put in
19 place back in 2015 to ensure that that was
20 taking place. What we hadn't done is we hadn't
21 then gone back retroactively to look to see if
22 any had happened prior to that.

23 And then in going through the
24 process of producing data for these pieces,

2 But, no, it's the only piece.

7 Q. All right. I appreciate that
8 disclosure. We may come back to it. But that's
9 all that I have for now.

17 A. She's passed so far.

Category	U.S. should take action (%)	U.S. should not take action (%)
Overall	77	21
Gender		
Male	76	22
Female	78	20
Age		
18-29	79	19
30-49	77	21
50-64	75	23
65+	73	25

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[illegible]

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[REDACTED]

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- [REDACTED] [REDACTED]
- [REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

16 Q. Whose "totes"?

17 A. The delivery totes, yeah. So when
18 the product comes, they come in totes, and you
19 see --

20 Q. Not in the public radio sense?

21 A. No, no, no, no. Yeah, you see the
22 delivery boxes from the wholesaler that it comes
23 in.

24 [REDACTED]

■ [REDACTED]

■ [REDACTED] [REDACTED]

■ [REDACTED] [REDACTED]

■ [REDACTED]

■ [REDACTED] [REDACTED] [REDACTED]

■ [REDACTED] [REDACTED]

■ [REDACTED] [REDACTED]

■ [REDACTED]

■ Q. And I take it Cardinal has
11 incentives for people to put you in the primary
12 position?

13 A. The position dictates the costing
14 structure of the product.

15 Q. So is it the case that you either
16 have to order a certain volume or proportion of
17 your sales in order to get more favorable
18 pricing? Is that how that works?

19 A. There are a lot of factors that go
20 into it. I know like, for example, we have a
21 credit department that looks at payment terms
22 and those types of pieces. So a lot of that
23 factors into -- we've got buying groups. A lot
24 of our customers are part of larger buying

1 groups, and that can dictate the deal that goes
2 to the buying group, and those types of things.
3 So there's actually a lot of factors that drive
4 what that price looks like.

5 Q. But is one of the factors the
6 proportion of volume of business that they do
7 with Cardinal?

8 A. It could be in certain instances,
9 yes.

10 Q. Okay.

11 A. Yes.

[REDACTED]

[illegible]

21 MS. SINGER: Can we pull MTAG 240.

22 MS. DEYNEKA: Yes, we can.

23 BY MS. SINGER:

24 Q. While Natalie's pulling that,

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1 there is a list in your SOPs of things sales

█ [REDACTED] [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

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[illegible]

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21 A. I believe when I look at this,
22 that this is -- this says "Don't distribute
23 externally." I'm not sure if you're allowed to
24 have this.

1 Q. Say that again.

2 A. It says, "Don't distribute
3 externally," so I'm not sure how you have this.

4 I believe that this right here,
5 this page, is making actually reference back to
6 the e-mail you asked me about earlier.

7 Q. Okay.

8 A. That's what the output of that
9 was, which was trying to get information into
10 the sales force's hands to understand what
11 increased levels they should be aware of at the
12 customer level.

13 Q. Okay.

14 A. That's what, I believe, this is
15 making reference to.

16 Q. Okay. All right. And Tom
17 DeGemmis --

18 A. Yes.

19 Q. -- who is he?

20 A. He was the head of the independent
21 sales force at that time.

22 Q. Okay. But he no longer is?

23 A. He is no longer there, no.

24 Q. And who has that role now?

1 A. Steve Lawrence.

2 Q. And the attachment goes on to talk
3 about these highlight reports.

4 A. Yes.

5 Q. Those were discontinued; is that
6 correct?

7 A. I believe they were, yes.

8 Q. And do you know why?

9 A. Not specifically, no. I don't
10 know if then the other components that that
11 e-mail made reference to would be part of that
12 greater IT solution, then came into play, and
13 then these were no longer -- because these were
14 manual reports run on the Sales Operations side
15 for QRA that they were working on a bigger
16 solution.

17 Q. Okay. And this concept of yellow
18 flag, red flag, and watch list, does that still
19 exist within Cardinal in any way?

20 A. The term "red flag" is obviously
21 used in many ways. But as far as how these
22 three pieces are structured, no.

23 Q. Okay. And as I read this, for red
24 flag -- for all three groups, the watch list,

1 yellow flag, and red flag, these were
2 obligations to look at the customer with
3 different levels of urgency?

4 A. Yes.

5 Q. Is that fair?

6 A. Yes.

7 Q. In none of these instances did a
8 customer going on any of these three lists
9 trigger a do not ship requirement; is that
10 correct?

11 A. These would be the sales force
12 specific views use, not reports that QRA was
13 using to make decisions to stop selling to
14 customers.

15 Q. Okay. So that's an entirely
16 different process --

17 A. Yes.

18 Q. -- correct?

19 So a customer being designated red
20 flag or yellow flag didn't trigger any other
21 suspicious order report or do not ship?

22 A. It could have factored into how
23 QRA would set thresholds. I wasn't -- I'm not
24 sure how they on the QRA side used it back then.

3 A. I do not know, no.

22 MS. SINGER: Do you have the rest
23 of the report that goes with 253?

1 BY MS. SINGER:

2 Q. While Natalie is responding to my
3 ever changing requests, we can go to another
4 one.

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

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[REDACTED]

1 - - -

2 (Montana-Cardinal Exhibit 14 marked.)

3 - - -

4 Q. So Exhibit 14 is -- CAH_MTAG_1614
5 is the Bates number.

6 A. Yes.

7 Q. And I want you to look at Bates
8 number 1618.

9 A. Okay.

10 Q. And, by the way, is this SOP on
11 cage/vault suspicious order monitoring familiar
12 to you?

13 A. It is not. This would be part of
14 the compliance officer side of things because
15 it's in the distribution centers, the security
16 cage and vault.

17 Q. All right. Number 8 on Bates
18 number 1618 indicates about halfway through,
19 "Notification does not apply to national chain
20 accounts."

21 And you can take a minute and read
22 the context. But why are chain accounts treated
23 differently?

24 A. So, again, this is not -- there's

1 your huddle on there.

2 Q. Thanks.

3 A. Yeah. So this is not my area. So
4 I am giving you my best interpretation of this.
5 But I would assume that the communication would
6 take place directly with the corporate office of
7 the national account as opposed to trying to
8 communicate and get information straight from
9 the individual pharmacy.

10 Q. You referred earlier to that
11 survey that was no longer being done.

12 A. Yes.

13 Q. Do you know why that was
14 discontinued?

15 A. The level at which the questions
16 were asked in the survey versus how we ask
17 questions today around a specific drug family,
18 we get into much more detailed questioning at
19 the customer level.

20 That survey was -- when you first
21 read it, it almost looked like it was a KYC. It
22 wasn't getting into specific drug issues. So
23 that was at that point in time sent as part of a
24 threshold. Now is the threshold where we're

1 reaching out and asking about the specific drug
2 family, the strength. So there's just a much
3 more detailed conversation that takes place
4 today that if it were in the form of a survey,
5 it would be 50 pages.

8 A. I'm sorry. Yes. Know Your
9 Customer, yes.

[illegible]

Journal Pre-proof

_____, _____, _____

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[illegible]

[illegible]

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[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

13 Q. Have you been involved in any
14 reporting to Cardinal's board?

15 A. Yes.

16 Q. And when and what has that been?

17 A. It's been kind of presenting the
18 program to the board of how we're doing, what
19 we're doing, why we're doing it the way that
20 we're doing it.

21 Q. And are those reports or metrics?

22 A. They're PowerPoints.

23 Q. Okay.

24 A. And I know that there are other

1 board discussions around certain pieces of this
2 that I'm not a part of.

3 Q. Okay. And how many reports to
4 Cardinal's board have you done?

5 A. Thirty.

6 Q. Okay. And those took the form of
7 PowerPoints?

8 A. Yes, or discussions.

9 Q. Okay. And have those been to the
10 full board or to a committee of the board?

11 A. Both. There's a subcommittee and
12 then a board.

13 Q. And what's the subcommittee
14 called?

15 A. I'm not sure. I'm not sure what
16 the specific name is.

17 Q. Okay. And have you ever had board
18 members reach out to you with questions or
19 concerns?

20 A. Not outside of those formal
21 meetings.

22 Q. When did those meetings happen?

23 A. We had one recently. And then
24 another one was probably the year before.

1 Q. And what concerns did the board
2 raise and what questions in the context of those
3 discussions?

4 MS. WICHT: Todd, I'm going to
5 interject. I don't have any -- I don't
6 have any reason to understand that those
7 were privileged. But I just raise that
8 for you in case for some reason you're
9 aware of it.

10 A. Just a lot of questions around the
11 trends; you know, is prescribing going up, is it
12 going down, what does the customer base look
13 like, you know, whose -- questions around other
14 wholesalers and programs and things like that.

15 Q. And are those conversations
16 reflected in board minutes?

17 A. I don't know.

18 Q. Have you ever seen any minutes of
19 those discussions?

20 A. No. I only get to be there for my
21 little part, and they kick me out.

22 Q. And have there been any concerns
23 raised about Cardinal's program?

24 A. Not that I'm aware of, no.

1 Q. Have there been any discussions
2 with the board about DEA authority or
3 enforcement or DEA concerns about Cardinal's
4 compliance program that you've been involved in?

5 A. Can you ask me that again?

6 Q. So I'll break it down. Have you
7 had any discussions with the board about the
8 nature or content or trajectory of DEA's
9 enforcement or inspections of Cardinal?

10 A. No. Now, I know that there are
11 discussions around the cyclic inspections that
12 take place with DEA and the distribution center,
13 but I wouldn't have spoken to that.

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Response	Percentage
Yes, the U.S. should take action to reduce greenhouse gas emissions	95%
No, the U.S. should not take action to reduce greenhouse gas emissions	5%

[illegible]

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14 Q. Okay. "DEA Limit Over Threshold
15 Report," is that the report that generates
16 suspicious order reports for DEA?

17 A. I'm not sure what that is based on
18 that name.

19 Q. Okay. So that name is not
20 familiar to you?

21 A. That name is not familiar.

22 Q. Okay.

23 A. I would assume that it was the
24 algorithm report based on the way it sounds.

1 But I don't know that for sure.

2 Q. Okay. You mentioned earlier while
3 Natalie was looking for those documents that

█ [REDACTED]

█ [REDACTED] █ [REDACTED]

█ [REDACTED] █ [REDACTED]

█ [REDACTED] █ [REDACTED]

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█ [REDACTED] █ [REDACTED]

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█ [REDACTED]

█ [REDACTED]

1 - - -

2 (Montana-Cardinal Exhibit 15 marked.)

3 - - -

4 Q. All right. So this is CAH_MTAG
5 Bates Number 1161.

6 So is that document familiar? And
7 if you could, read the title of it, please.

8 A. "Daily Threshold Reporting."

9 Q. So on page 1164 of that --

10 A. Yes.

11 Q. -- it has a reference to that
12 report I mentioned, the over -- if you could say
13 the name.

14 A. The daily threshold reporting?

15 Q. Yes. Does that give you any other
16 clues about what that's referring to?

17 A. So what is on page 1164?

18 Q. Yes. It's Number 2, "E-mail
19 modified daily."

20 A. Yeah. I'm assuming --

21 Q. And you're on the distribution
22 list?

23 A. I am. I'm going to read this real
24 quick. Sorry.

1 So I'm assuming this is the report
2 that would have been created notifying people of
3 the threshold events that happened.

4 Q. Okay.

5 A. So basically an e-mail of all the
6 held orders.

7 Q. Okay. And those are sent out
8 every day?

9 A. Yes.

10 Q. And it doesn't sound like this is
11 a critical report in your mind, so you couldn't
12 remember it. But do you know what people are
13 looking for in that report or if they are using
14 it?

15 A. I don't know if it's used or for
16 what exactly, but the concept of it is to let
17 people know that a specific pharmacy had their
18 order canceled or reported as suspicious in case
19 a customer calls and says, "Hey, I didn't get my
20 order. What happened?"

21 Q. So this goes to the sales side as
22 well?

23 A. Yes. Exactly.

24 Q. And then Bates Number 1165 has an

1 attachment that is the anti-diversion customer
2 profile. Is this familiar to you?

3 A. This specific view of it is not,
4 but components within it are familiar to me.

5 Q. Okay. So in hopes of finding some
6 of those. "Total Number of Events" at the
7 bottom of the first column --

8 A. Yes.

9 Q. -- do you know what that
10 represents?

11 A. I assume that represents number of
12 thresholds.

13 Q. Okay. And "QRA Restriction"?

14 A. I would assume that would be a
15 customer has been cut off, but I'm not sure.

16 Q. I'm sorry. I missed that.

17 A. It might be that the customer had
18 been cut off, but I'm not sure.

19 Q. Okay. And then on the second
20 column, "Percentage Order Quantity Above
21 Average"?

22 A. I'm not sure. This wasn't
23 something that was part of the e-mail that we
24 just talked about. This is an internal QRA

1 document --

Page 330

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Page 332

[REDACTED]

[REDACTED]

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[REDACTED]

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[REDACTED]

[REDACTED]

12 - - -

13 (Montana-Cardinal Exhibit 17 marked.)

14 - - -

15 Q. All right. So Exhibit 17 starts
16 at CAH_MTAG_898.

17 A. Yes.

18 Q. And I just want to turn your
19 attention to 902.

20 A. Okay.

21 Q. Is that what a suspicious order
22 report looks like?

23 A. I do not believe so.

24 Q. Is that document familiar to you?

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Page 338

Page 339

■ [REDACTED]

■ [REDACTED]

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4 - - -

5 (Montana-Cardinal Exhibit 19 marked.)

6 - - -

7 Q. Exhibit 19 is titled "Attention.
8 Health Pending Regulatory Review." It's Bates
9 Number CAH_MTAG_1438.

10 Is that familiar to you?

11 A. I've got 1417.

12 Q. Sorry. Let's sub in, and we'll
13 just --

14 MS. WICHT: What number are we
15 supposed to have? Sorry.

16 THE WITNESS: 1438.

17 MS. SINGER: It's the same
18 document.

19 MS. WICHT: Okay.

20 BY MS. SINGER:

21 Q. So it can either be 1417 or --
22 what did you say the other Bates number is?

23 A. 1438.

24 MS. WICHT: I have 1499. Just

1 want to make sure I have the right
2 thing. That's all. That actually does
3 look a little bit different.

5 BY MS. SINGER:

7 A. It is not. I think I know what it
8 is.

10 A. It looks like something that would
11 go in the customer's tote, the delivery box, not
12 the other, when an order was held. When a
13 threshold event occurred, this looks like what
14 would show up in lieu of the product.

17 A. Yes.

21 A. Okay.

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24

— — —

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[illegible]

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[REDACTED]

[REDACTED]

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Page 359

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13 MS. SINGER: Okay. Can I take two
14 minutes and just make sure I've looked
15 at everything? I'm going to step out
16 for one second.

17 (Recess taken.)

18 BY MS. SINGER:

19 Q. A couple of cleanup questions.

20 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

7 MS. SINGER: So you know what?

8 It's been a long day. There's some

9 cleanup questions I could ask. But,

10 Jen, I will bother you with them and

11 deal with them on the side to the extent

12 that there's anything important.

13 MS. WICHT: Okay.

14 MS. SINGER: Thank you very much.

15 THE WITNESS: Thank you.

16 MS. SINGER: I really appreciate

17 it.

18 (Signature not waived.)

19 - - -

20 Thereupon, at 6:09 p.m., on Wednesday,

21 September 27, 2018, the sworn testimony was concluded.

22 - - -

23

24

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1 CERTIFICATE

2 STATE OF OHIO :

SS:

3 COUNTY OF FRANKLIN :

4

5 I, TODD CAMERON, do hereby certify that I
6 have read the foregoing transcript of my testimony
7 given on September 26, 2018; that together with the
8 correction page attached hereto noting changes in form
9 or substance, if any, it is true and correct.

10

TODD CAMERON

11

12 I do hereby certify that the foregoing
13 transcript of the examination of TODD CAMERON was
14 submitted to the witness for reading and signing; that
15 after he had stated to the undersigned Notary Public
16 that he had read and examined his examination, he
17 signed the same in my presence on the _____ day of
18 _____, 2018.

19

20 _____
NOTARY PUBLIC - STATE OF OHIO

21

22 My Commission Expires:

23 _____, _____.
24

1 CERTIFICATE

2 STATE OF OHIO :

SS:

3 COUNTY OF FRANKLIN :

4 I, Carol A. Kirk, a Registered Merit Reporter
5 and Notary Public in and for the State of Ohio, duly
6 commissioned and qualified, do hereby certify that the
7 within-named TODD CAMERON was by me first duly sworn to
8 testify to the truth, the whole truth, and nothing but
9 the truth; that the sworn testimony then given by him
10 was by me reduced to stenotype in the presence of said
11 witness; that the foregoing is a true and correct
12 transcript of the sworn testimony so given by him; that
13 the sworn testimony was taken at the time and place in
14 the caption specified and was completed without
15 adjournment; and that I am in no way related to or
16 employed by any attorney or party hereto or financially
17 interested in the action; and I am not, nor is the
18 court reporting firm with which I am affiliated, under
19 a contract as defined in Civil Rule 28(D).

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IN WITNESS WHEREOF, I have hereunto set my
hand and affixed my seal of office at Columbus, Ohio on
this 8th day of October 2018.

CAROL A. KIRK, RMR

NOTARY PUBLIC - STATE OF OHIO

My Commission Expires: April 9, 2022.

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1 DEPOSITION ERRATA SHEET

2 I, TODD CAMERON, have read the transcript
of my deposition taken on the 26th day of
3 September 2018, or the same has been read to me. I
request that the following changes be entered upon the
4 record for the reasons so indicated. I have signed the
signature page and authorize you to attach the same to
5 the original transcript.

6 Page Line Correction or Change and Reason:

7	_____	_____	_____
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24	Date _____	Signature _____	_____